

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED DEC 31 1952

BIRTH NO. ... REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3076 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY Moniteau Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker 47 1/2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker 0687	
d. FULL NAME OF HOSPITAL OR INSTITUTION 605 N. Owen, California, Mo		d. STREET ADDRESS (If rural, give location) 605 N. Owen, California, Mo	

3. NAME OF DECEASED (Type or Print) Laura Lee Albin	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Dec 22 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 2 1886	9. AGE (In years last birthday) 66	# UNDER 1 YEAR 2	# UNDER 24 HOURS 20	# UNDER 60 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME David Baughman	13b. MOTHER'S MAIDEN NAME Un Known	14. NAME OF HUSBAND OR WIFE Stephie Albin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Stephie Albin	ADDRESS California, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 1561	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-5, 1952, to 12-22, 1952 that I last saw the deceased alive on 9-5, 1952, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS Tipton Mo	23c. DATE SIGNED 12-24-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/24/52	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Clarksburg, Mo
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DATE REC'D BY LOCAL REG. 12, 26, 52	REGISTRAR'S SIGNATURE H. L. Popy	25. FUNERAL DIRECTOR'S SIGNATURE Earl Boutin	ADDRESS California, Mo
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

MAR 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Earl Bowler

Signed.....
Student Embalmer

Licensed Embalmer No. *7126*

P. O. Address *California*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.