

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14817

FILED APR 28 1953

BIRTH NO. _____		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 3033		Registrar's No. 69			
1. PLACE OF DEATH a. COUNTY Laclede				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldon 0661					
d. FULL NAME OF HOSPITAL OR INSTITUTION Long Nursing Home				d. STREET ADDRESS (If rural, give location) Camp Eldon					
3. NAME OF DECEASED (Type or Print) a. (First) VIOLA b. (Middle) ALBERT c. (Last) ALBERT				4. DATE OF DEATH (Month) (Day) (Year) Apr. 5, 1953					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Sept. 12, 1881			
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME George Nichols				13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Joseph Albert			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Family Records ADDRESS			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio-Vasc. Renal disease, Decomp. (b) Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 YRS.	
19a. DATE OF OPERATION 10/5/52				19b. MAJOR FINDINGS OF OPERATION 442X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 100				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 11:00				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4/5, 1953, to 4/5, 1953, that I last saw the deceased alive on 4/5, 1953, and that death occurred at 8:50 P.M., from the causes and on the date stated above.									
23a. SIGNATURE 32093 Z. Fisher M.D.				23b. ADDRESS Lebanon Mo		23c. DATE SIGNED 4/20/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 4-7-1953		24c. NAME OF CEMETERY OR CREMATORY Freidens			
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS					
DATE REC'D BY LOCAL REG. 4-22-1953				REGISTRAR'S SIGNATURE Stella L. May		Phillips Funeral Home Eldon, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 29 1953

APR 28 1953
Health Unit
K-53-74
Date Filed APR 27 1953

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 _____

Louis D. Phillips

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.