

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **24592**
Registrar's No. **3492**FILED **AUG 13 1953**
BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 11 days		8 / 50	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.		d. STREET ADDRESS (If rural, give location) 3001 Allis	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) BENJAMIN c. (Last) ALBERS		4. DATE OF DEATH (Month) (Day) (Year) July 13, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 7, 1906
9. AGE (in years last birthday) 46 yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) plant guard		10b. KIND OF BUSINESS OR INDUSTRY Machine Products
11. BIRTHPLACE (City and State or Foreign Country) Lathrop, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Harry Albers		13b. MOTHER'S MAIDEN NAME Maude Baskett	
14. NAME OF HUSBAND OR WIFE Freida Albers		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. 487-12-9981		17. INFORMANT'S SIGNATURE OR NAME Mrs. Freida Albers ADDRESS 3001 Allis KCK	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Hepatitis INTERVAL BETWEEN ONSET AND DEATH 2 7/10 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastrointestinal Infection 3 1/10 ago DUE TO (c) unknown virus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. unknown 092X	
19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	
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) no		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 June 22, 1953 , to July 13, 1953 that I last saw the deceased alive on July 13, 1953 and that death occurred at 6:00 m. , from the causes and on the date stated above.			
23a. SIGNATURE M. B. Casbolt (Degree or title) MD MD		23b. ADDRESS 4000 Baltimore St. B 240	
23c. DATE SIGNED 7/14/53		24a. BURIAL CREMATION REMOVAL (Specify) Burial	
24b. DATE 7/15/53		24c. NAME OF CEMETERY OR CREMATORY Memorial Pk. Cem.	
24d. LOCATION (City, town, or county) (State) Kansas City, Kansas		DATE REC'D BY LOCAL REG. 7-14-53	
REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Geo. F. Porter ADDRESS Kansas City, Kansas	

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

5115
8351

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Howard S. Porter

Licensed Embalmer No. 3751

P. O. Address 19th & Minnesota K.

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.