

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24593

State File No. _____

3272

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (In this place) <u>12 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vineyard Park Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>8150</u> d. STREET ADDRESS (If rural, give location) <u>3033 North 49th Terrace</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>ALBERTSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 28, 1953</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan. 3, 1870</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building contractor</u>		11. BIRTHPLACE (City and State or Foreign Country) / <u>Fairmount Sprs. Penn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>Frank T. Albertson</u>	13b. MOTHER'S MAIDEN NAME <u>Penlina Rimer</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Albertson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME (Address (Above)) <u>Miss Ed. Erdemwalt</u> (daughter)	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Chronic myocarditis with digitalis intoxication</u> 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.		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 6-16-1953, to 6-28-1953, that I last saw the deceased alive on 6-25-1953, and that death occurred at 7:00 am from the causes and on the date stated above.

23a. SIGNATURE <u>H. L. Smith</u> (Degree or title)	23b. ADDRESS <u>532 Minnesota Kansas City, Mo</u>	23c. DATE SIGNED <u>6-29-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>June 30, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Quindaro Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>
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DATE REC'D BY LOCAL REG <u>6-29-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Werner Mortuary</u>	ADDRESS <u>K. C. K.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

FILED JUL 17 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 _____

Marguerite K. Haller

Student Embalmer No. *485*

working under my personal supervision.

Student *Marguerite K. Haller*
Student Embalmer

Signed *John Chick Warner*

Licensed Embalmer No. *2598*

P. O. Address *Kansas City, Kansas*

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.