

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

25803

State File No.

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

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BIRTH JUL 17 1953 REG. DIST. NO. 258 PRIMARY REG. DIST. NO. 5882 Registrar's No. 3			
1. PLACE OF DEATH a. COUNTY <u>Osage</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Folk, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Folk, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>70 NYRS</u>		d. STREET ADDRESS (If rural, give location) <u>2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. FULL NAME OF HOSPITAL OR INSTITUTION	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Albers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 11, 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>May 16, 1860</u>
9. AGE (In years last birthday) <u>93</u>		IF UNDER 1 YEAR <u>1</u> Months <u>25</u> Days	IF UNDER 2 HRS. <u>0</u> Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Westphalia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Albers</u>		13b. MOTHER'S MAIDEN NAME <u>Christine Buescher</u>	
14. NAME OF HUSBAND OR WIFE <u>Elizabeth Zeilman</u> <u>Elizabeth Rock</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Albers</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		17. ADDRESS <u>Westphalia, Mo.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left Ventricular Failure</u>		18. MEDICAL CERTIFICATION	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (b) <u>Ascites</u>		DUE TO (c) <u>Arterio Sclerosis</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>	
20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		(COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		(COUNTY) (STATE)	
22. I hereby certify that I attended the deceased from <u>7/21, 1953</u> to <u>7/11, 1953</u> , that I last saw the deceased alive on <u>July 10, 1953</u> , and that death occurred at <u>1:52 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>S. W. Goston D.O.</u>		23b. ADDRESS <u>Meta 2nd</u>	
23c. DATE SIGNED <u>7/13/53</u>		(COUNTY) (STATE)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 13, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph</u>		24d. LOCATION (City, town, or county) (State) <u>Westphalia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-15-53</u>		REGISTRAR'S SIGNATURE <u>Rose Rowan</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Dulle</u>		ADDRESS <u>J. C. Mo.</u>	

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 _____

Ernest L. Delle

Licensed Embalmer No. 4321

P. O. Address Jefferson, Pa.

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.