

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44905

State File No.

FILED JAN 14 1954

BIRTH NO.		REG. DIST. NO. <u>349</u>		PRIMARY REG. DIST. NO. <u>6181</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Penn Twp.</u>		c. LENGTH OF STAY (in this place) <u>7 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Penn Twp.</u>		<u>1050</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home 3 mi. N. Green City</u>				d. STREET ADDRESS (If rural, give location) <u>Home 3 mi. N. Green City</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>James</u>		b. (Middle) <u>Blaine</u>		c. (Last) <u>Albertson</u>	
4. DATE OF DEATH		(Month) <u>Dec.</u>		(Day) <u>23,</u>		(Year) <u>1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 27, 1884</u>	
9. AGE (in years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 1 YEAR Hours <u> </u> Min. <u> </u>		IF UNDER 1 MIN. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William H. Albertson</u>		13b. MOTHER'S MAIDEN NAME <u>Narcisos Clemantine Pile</u>		14. NAME OF HUSBAND OR WIFE <u>Alma M. Albertson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Donald F. Albertson, Green City, Mo.</u>			
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) <u>Generalized carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of rectosigmoid colon</u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u> </u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u> <u>1 yrs</u>	
19a. DATE OF OPERATION <u>Sept. 4, 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Generalized carcinomatosis 153X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>		21f. HOW DID INJURY OCCUR? <u> </u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u> </u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u> </u>			
22. I hereby certify that I attended the deceased from <u>April 21, 1953</u> , to <u>Dec. 26, 1953</u> , that I last saw the deceased alive on <u>Dec. 26, 1953</u> , and that death occurred at <u>12:01 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter T. Engle, M.D.</u>		(Degree or title)		23b. ADDRESS <u>1 Calverlee, Mo.</u>		23c. DATE SIGNED <u>12-29-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 29, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Green City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 2, 1954</u>		REGISTRAR'S SIGNATURE <u>Annabella D. Casper, Deputy</u>		415-0 FUNERAL DIRECTOR'S SIGNATURE <u>Glenn E. Kenton, Green City, Mo.</u>		ADDRESS <u> </u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 31 1957

VS. FEB 18 1960

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, Mo.

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.