

16650

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 6 54

BIRTH NO. _____		REG. DIST. NO. <u>213</u>		PRIMARY REG. DIST. NO. <u>5781</u>		Registrar's No. <u>6 54</u>	
1. PLACE OF DEATH a. COUNTY <u>MILLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-GLAZE</u>		c. LENGTH OF STAY (in this place) <u>lifetime</u>		c. CITY OR TOWN <u>RURAL BRUMLEY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 mi - W - Brumley</u>				e. STREET ADDRESS (If rural, give location) <u>1 1/2 mi - W - Brumley 0000</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James-</u>		b. (Middle) <u>Levi-</u>		c. (Last) <u>ALBERTSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 21 1954</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>15 MARCH 1883</u>	
9. AGE (In years last birthday) <u>71</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 MO. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work demanding most of working life, even if retired) <u>FARMER-</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN-FARMING</u>		11. BIRTHPLACE (City and State of Foreign Country) <u>Miller-Co-Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>James-Albertson</u>		13b. MOTHER'S M maiden NAME <u>Lizzie-MILLER</u>		14. NAME OF HUSBAND OR WIFE <u>LENA-Wright-Albertson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LENA-Albertson-Brumley 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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>  ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>  <u>years</u>	
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>NONE</u>			
22. I hereby certify that I attended the deceased from <u>April 7, 1954</u> to <u>May 7, 1954</u> , that I last saw the deceased alive on <u>May 7, 1954</u> , and that death occurred at <u>10:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. S. Humphreys, D.O.</u>				23b. ADDRESS <u>TAScumbia-Mo</u>		23c. DATE SIGNED <u>22 MAY 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>23 MAY 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Robinet</u>		24d. LOCATION (City, town, or county) (State) <u>MILLER-Co-Mo</u>	
DATE REC'D BY LOCAL REG. <u>5/24/54</u>		REGISTRAR'S SIGNATURE <u>Mrs. C. R. Hawkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith McKays</u>		ADDRESS <u>ELDON Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

FILED JUN 14 1954

RECEIVED

NO. 100

WILLER CO. - CHICAGO, ILL.

DEPT. OF HEALTH

### 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 .....  
Signature of Student Embalmer

Signed *Keith M. Kays* .....

Licensed Embalmer No. *3990* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.