

19957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 29 1954

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>5976</u>		Registrar's No. <u>50</u>		
1. PLACE OF DEATH a. COUNTY <u>POLK</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>POLK</u>				
b. CITY (If outside corporate limits, write RURAL and give name) OR TOWN <u>RR# 3 Walnut Grove</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>WALNUT GROVE</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>RESIDENCE</u>				e. STREET ADDRESS (If rural, give location) <u>RR# 3</u> <u>0840</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>HULDAH</u> b. (Middle) <u>FRANCES</u> c. (Last) <u>ALBRIGHT</u>			4. DATE OF DEATH Month <u>June</u> Day <u>24</u> Year <u>1954</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept 7, 1872</u>		
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Macon, Missouri</u>				
13a. FATHER'S NAME <u>Joe Peterson</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Frances Powell</u>		14. NAME OF HUSBAND OR WIFE <u>Peter Albright</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Peter Albright - Walnut Grove - Mo</u> ADDRESS _____				
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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Scintilly</u> DUE TO (c) <u>Loss of memory</u> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>June 19, 1954</u> to <u>only</u> , 19____, that I last saw the deceased alive on <u>June 19, 1954</u> , and that death occurred at <u>7:05 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. J. Barber MD</u> (Degree or title)				23b. ADDRESS <u>Walnut Grove Mo.</u>		23c. DATE SIGNED <u>June 25, 54</u>		
24a. BURIAL, CREMATION, REMOVAL		24b. DATE <u>6-27-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clarence, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>June 25, 1954</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brim & Daniel</u>		ADDRESS <u>Walnut Grove - Mo</u>		

(Licensed Embalmer - See Section Reverse Side)

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

No. 300
10. 48

840

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. 502 working under my personal supervision..

Student Francis Coe Marsh
Signature of Student Embalmer

Signed Doyle L. Lane
Licensed Embalmer No. 77

P. O. Address Ash Grove

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.