

FILED DEC 27 1954

STANDARD CERTIFICATE OF DEATH

State File No. 40279

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 5145 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Caldwell</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Breckenridge</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural, Breckenridge town</u>	
c. LENGTH OF STAY (In this place) <u>9 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lena</u> b. (Middle) <u>Grum</u> c. (Last) <u>Albertson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-17-54</u>		
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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>12-20-1879</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>27</u>		IF UNDER 1 HR. Hours _____ Min. _____	
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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 _____		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
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13a. FATHER'S NAME <u>Chas Grum</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Grum</u>		14. NAME OF HUSBAND OR WIFE <u>John C. Albertson</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. (INFORMANT'S SIGNATURE OR NAME) <u>John C. Albertson</u> ADDRESS <u>Breckenridge, Mo.</u>	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer on right cheek nose</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
		ANTECEDENT CAUSES Morbidity 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.			

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) _____	
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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? _____	
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22. I hereby certify that I attended the deceased from Nov, 1953, to Dec 17, 1954; that I last saw the deceased alive on 12-16, 1954, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. W. Webb, M.D.</u> (Degree or title)		23b. ADDRESS <u>Breckenridge, Mo.</u>		23c. DATE SIGNED <u>12-18-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-19-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem. Breckenridge, Mo.</u>		24d. LOCATION (City, town, or county) _____ (State) _____	
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DATE REC'D BY LOCAL REG. <u>12-20-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Lillian J. Mead</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James Mead</u> ADDRESS <u>Breckenridge, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side) by B. Mead

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

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 *Dennard F. Mead*

Licensed Embalmer No. *2807*

P. O. Address *Braymer, 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.