

FILED MAR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10675

State File No. _____

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 42	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Likeston</u>		c. LENGTH OF STAY (in this place) <u>53 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Likeston</u>		<u>Mo 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>602 Main ave</u>				d. STREET ADDRESS (If rural, give location) <u>602 Main ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) _____		c. (Last) <u>Albritton Jr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 10, 1955</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>Dec. 28, 1901</u>	
9. AGE (In years last birthday) <u>53</u>		10. UNDER 1 YEAR Months <u>2</u> Days <u>12</u>		11. UNDER 10 HRS. Hours <u>0</u> Mins. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Funeral Director</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Funeral Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Likeston, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Albritton Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Shanks</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Albritton</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>43-0154855</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Grace Albritton Likeston, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Heart Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Hypertrophy</u>				<u>2 yrs.</u>			
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 <u>4222</u>				20. AUTOPSY? YES ☐ NO ☐	
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 WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1 Feb</u> , 19 <u>53</u> , to <u>10 Mar</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10 Mar.</u> , 19 <u>53</u> , and that death occurred at <u>7:20 P m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>H.B. Throgmorton</u>				23b. ADDRESS <u>2nd St. Likeston, Mo.</u>		23c. DATE SIGNED <u>18 Mar 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar 13, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Likeston, Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-19-55</u>		REGISTRAR'S SIGNATURE <u>Miss [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albritton Funeral Home</u>		ADDRESS <u>Likeston, Mo</u>	

(Licensed Embellisher's Statement on Reverse Side)

Harry Jones.

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

DATE RECEIVED MAR 21 1955
SCOTT CO. HEALTH DEPT:
CO. FILE No. 355-07

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

Edward E. J. J. J. J.

Licensed Embalmer No. 4164

P. O. Address

Sibley, V

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.