

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15983

FILED JUN 7 1955

State File No. 95

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>57v7</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural NARROWS</u>		c. LENGTH OF STAY (In this place) <u>=</u>		c. CITY OR TOWN <u>Moberly</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>near Excelsior, Missouri</u>				STREET ADDRESS (If rural, give location) <u>709 Benson Street</u> <u>0883</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Kenneth</u>		b. (Middle) <u>Owen</u>		c. (Last) <u>Alberti</u>	
4. DATE OF DEATH		(Month) <u>5</u>		(Day) <u>23</u>		(Year) <u>55</u>	
5. SEX <u>male</u> <u>0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>7/1/1905</u>		9. AGE (In years last birthday) <u>49</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>elec. Engineering</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>490096376</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Herman Alberti</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie Meyer</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Alberti</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>WW 11</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Alberti</u>		ADDRESS <u>Moberly 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Electrocution (Accidental)</u>				<u>Inst</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) _____				<u>E 914.8</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Lightning had struck Insulator</u> <u>Breaking it and burning hole</u> <u>init. Causing short to switch Rod.</u>							
19a. DATE OF OPERATION <u>When he turned switch</u>		19b. MAJOR FINDINGS OF OPERATION <u>33,000 Volts hit him</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>SUICIDE</u> <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Elec. Power Lines</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Narrows</u> <u>Macon</u> <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) <u>May 23 55</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>11:57 P.m.</u>		21f. HOW DID INJURY OCCUR? <u>Short in Electric Lines</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:57 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Lester Sutton</u> <u>3</u> <u>Coroner</u>				23b. ADDRESS <u>Macon</u>		23c. DATE SIGNED <u>May 25, 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/26/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>5/25/55</u>		REGISTRAR'S SIGNATURE <u>Keith Mcneely</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Wm. E. Milligan</u>		ADDRESS <u>Moberly, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

APR 12 1956

DEC 14 1955

JUN 13 1956

RECEIVED

6.4.55

MACON COUNTY HEALTH DEPARTMENT

County File No. 6.05.83

Date Filed 6.6.55

JUN 7 1956

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 *Marion E. Millian*

Licensed Embalmer No. 3957

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