

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **35982**
Registrar's No. **1258**

FILED DEC 5 1955		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		State File No. 35982		Registrar's No. 1258			
1. PLACE OF DEATH a. COUNTY Buchanan					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). —a. STATE Missouri — b. COUNTY Buchanan						
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph			c. LENGTH OF STAY (In this place) 74 yrs		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION 311 South 18th St.					e. STREET ADDRESS (If rural, give location) 311 South 18th St.						
3. NAME OF DECEASED (Type or Print)			a. (First) John		b. (Middle) N.		c. (Last) Albert		4. DATE OF DEATH (Month) (Day) (Year) Nov. 28, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 4, 1869		9. AGE (In years last birthday) 86		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. (2) Sterninwirth Host Goetz Brew. Co.				10b. KIND OF BUSINESS OR INDUSTRY Bavaria, Germany				11. BIRTHPLACE (City and State or Foreign Country) U.S. A.			
13a. FATHER'S NAME Joseph Albert				13b. MOTHER'S MAIDEN NAME Not Known				14. NAME OF HUSBAND OR WIFE Caroline Alberts			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 488-14-4711		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs J.N. Alberts 311 So. 18th St. St. Joseph, Mo.					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Arteriosclerotic heart disease Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) 4200 H II. OTHER SIGNIFICANT CONDITIONS Pleural exudate Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of prostate						INTERVAL BETWEEN ONSET AND DEATH several months several years several months			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 1953 ¹⁹ to 11-28-55 , 19____, that I last saw the deceased alive on 11-27-55 , 19____, and that death occurred at 2:40p m., from the causes and on the date stated above.											
23a. SIGNATURE E. H. Anderson (Degree or title) M.D.				23b. ADDRESS 311 Physician & Surgeons Bldg., St. Joseph, Mo.				23c. DATE SIGNED 11-29-55			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Dec. 1, 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.					
DATE REC'D BY LOCAL REG. Nov 30, 1955		REGISTRAR'S SIGNATURE Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Herman P. Sidenfaden		ADDRESS St. Joseph, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

Hand

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 Richard E. Nichols, Student Embalmer No. 521, working under my personal supervision.

Student Richard E. Nichols
Signature of Student Embalmer

Signed Robert H. Gable
Licensed Embalmer No. 3308

P. O. Address St. Joseph,

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.