

FILED DEC 5 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **36068**

42

4052

1240

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Mo</b> b. COUNTY <b>Buchanan</b>			
b. CITY (If outside corporate limits, give RURAL and give township) <b>Agency Town</b>		c. LENGTH OF STAY (in this place) <b>40yrs</b>		c. CITY OR TOWN <b>Agency</b>		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 <b>Agency,</b>				e. STREET ADDRESS (If rural, give location) <b>none</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Samuel</b>		b. (Middle) <b>Otis</b>		c. (Last) <b>Albertson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 19, 1955</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Feb. 13, 1898</b>	
9. AGE (In years last birthday) <b>57</b>		10. IF UNDER 1 YEAR Months <b>9</b> Days <b>8</b>		11. IF UNDER 24 HRS. Hours <b></b> Min. <b></b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Plumbing</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Agency, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>	
13a. FATHER'S NAME <b>Benjamin Albertson</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Pike</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY (If yes, give no. and date of service) <b>W.W.11 495-01-8258</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Archie Albertson St. Joseph, Mo</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary embolism</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) <b>Active duodenal ulcer</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>				INTERVAL BETWEEN ONSET AND DEATH <b>none</b>	
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>none (no operation)</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>no injury</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Agency, Buchanan Co Mo</b>		21d. HOW DID INJURY OCCUR? <b>no injury</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b></b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <b>Nov 18, 1955</b> , to <b>Nov 19, 1955</b> , that I last saw the deceased alive on <b>Nov 18, 1955</b> , and that death occurred at <b>5:30 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>S. E. Melaney M.D.</b>		23b. ADDRESS <b>214 Kirkpatrick St. St. Joseph, Mo</b>		23c. DATE SIGNED <b>Nov 21, 1955</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/22/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Agency Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Agency, Mo</b>	
DATE REC'D BY LOCAL REG. <b>Nov 28, 1955</b>		REGISTRAR'S SIGNATURE <b>Lothar M. Allen</b>		FUNDAL DIRECTOR'S SIGNATURE <b>4-8 S. Allen</b>		ADDRESS <b>St. Joseph, Mo.</b>	

(Licensed Embalmers' Statement on Reverse Side)

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

555

DEC 6 1955

### 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  .....

Licensed Embalmer No. 398

P. O. Address 

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.