

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**41478**

**FILED JAN 3 - 1956**

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>4384</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Skidmore, Mo.</u>				c. CITY OR TOWN <u>Skidmore</u>		d. 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 <u>Ralph Wright Home</u>				f. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry Louis</u> b. (Middle) <u>Albright</u> c. (Last) <u>Albright</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 26, 1955</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar. 12, 1859</u>	
9. AGE (In years last birthday) <u>96</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own account</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Savannah, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Wm. Madison Albright</u>				13b. MOTHER'S MAIDEN NAME <u>Agnes Cumy Culp</u>		14. NAME OF HUSBAND OR WIFE <u>Helen S. Albright</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Burman Wright, Skidmore, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</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. <u>792x</u>			
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 <u>Dec. 25, 1955</u> , to <u>Dec. 26, 1955</u> , that I last saw the deceased alive on <u>Dec. 25, 1955</u> , and that death occurred at <u>8 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>DB Perry</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Mound City, Missouri</u>		23c. DATE SIGNED <u>12/27/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 29, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Burr Oak</u>		24d. LOCATION (City, town, or county) (State) <u>Skidmore Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-31-55</u>		REGISTRAR'S SIGNATURE <u>Bess Holtz</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home Maryville Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48  
140

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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. 428

P. O. Address Maryville

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.