

FILED MAR 12 1956

STANDARD CERTIFICATE OF DEATH

State File No. 5514
Registrar's No. 38

BIRTH NO. _____ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 3003

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		c. CITY OR TOWN Monett	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 Yrs.		e. STREET ADDRESS (If rural, give location) N. 9th St. Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, N. 9th St. Road			

3. NAME OF DECEASED (Type or Print) PETE			a. (First)	b. (Middle)	c. (Last) ALBRIGHT	4. DATE OF DEATH (Month) (Day) (Year) Feb. 28, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 7, 1868		9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 2 Days 21	IF UNDER 24 HRS. Hours 21 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Stone Mason			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Delvin, Ill		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Albright		13b. MOTHER'S MAIDEN NAME Flora Shivaler		14. NAME OF HUSBAND OR WIFE Hulda Peterson (Dece.)	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Flora Perry Monett, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hr	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion					
		ANTECEDENT CAUSES					
		Morbid 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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **2-28** 19**56**, to **2-28**, 19**56**, that I last saw the deceased alive on **2-28**, 19**56**, and that death occurred at **1:30 P** m., from the causes and on the date stated above.

23a. SIGNATURE Frank B. Ken MD		(Degree or title)		23b. ADDRESS Monett, Mo		23c. DATE SIGNED 2-29-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/2/56		24c. NAME OF CEMETERY OR CREMATORY Maplewood Cem.		24d. LOCATION (City, town, or county) (State) Clarence, Missouri	
DATE REC'D BY LOCAL REG. 3-2-56		REGISTRAR'S SIGNATURE Mrs P. N. Cook		25. FUNERAL DIRECTOR'S SIGNATURE J. D. Buchanan		ADDRESS Monett, Mo.	

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

0551

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 356-49

DATE REC. 3-6-56

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 J. D. Buchanan
Licensed Embalmer No. 3179

P. O. Address Monett

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.