

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

9681

State File No.

FILED MAR 27 1956

BIRTH NO.		REG. DIST. NO. <u>179</u>		PRIMARY REG. DIST. NO. <u>2667</u>		Registrar's No. <u>41</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Lincoln</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural (Bedford)</u>		c. LENGTH OF STAY (In this place) <u>3 da.</u>		c. CITY OR TOWN	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lincoln County Memorial Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>3mi. South of Moscow Mills MO.</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐		0570	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JOHN</u>		b. (Middle) <u>THOMAS</u>		c. (Last) <u>ALBERS</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 26, 1887</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Florissant MO.</u>		9. AGE (In years last birthday) <u>68</u>	
13a. FATHER'S NAME <u>Henry Albers</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Callie Albers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 21, 1956</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Callie Albers</u>		ADDRESS <u>Moscow Mills 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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MESENTERIC THROMBOSIS</u>		ANTECEDENT CAUSES				48 HOURS	
DUE TO (b) <u>AVICULAR FIBRILLATION</u>		6 WEEKS					
DUE TO (c) <u>AORTIC STENOSIS</u>		3 YRS					
II. OTHER SIGNIFICANT CONDITIONS <u>CARDIAC ARREST DURING INDUCTION PREPARATORY TO SURGERY</u>		15 MIN.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☒ NO ☐	
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)		5702	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-20</u> , 19 <u>56</u> , to <u>2-21</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2-21</u> , 19 <u>56</u> , and that death occurred at <u>5:55 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Louis Hellyer MD</u>		23b. ADDRESS <u>3RD + WOOD, TROY, MO</u>		23c. DATE SIGNED <u>3-21-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 21, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Troy Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Troy Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-24-56</u>		REGISTRAR'S SIGNATURE <u>Emmanuel Riddle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne McElroy</u>		ADDRESS <u>Troy Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Wayne M. Coy
Licensed Embalmer No. 3584

P. O. Address Troy 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.