

FILED APR 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12142

STATE FILE NUMBER

42

1000

444

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>			c. CITY OR TOWN <u>Plattsburg</u> <u>0250</u>		Inside Limits Yes <u>a</u> No <u>□</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Methodist hosp.</u>			Length of stay in lb <u>5hrs 45min</u>		d. STREET ADDRESS (If outside, give location) <u>101 So. Main</u>
3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>Hamilton</u> Last <u>Albertson</u>			4. DATE OF DEATH Month <u>April</u> Day <u>18</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>August 1 1883</u>		9. AGE (In years last birthday) <u>73</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Builder</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Carpentry</u>		11. BIRTHPLACE (City and state or country) <u>Agency, Missouri</u>
13. FATHER'S NAME <u>Arch Albertson</u>			14. MOTHER'S MAIDEN NAME <u>Margaret Buchen</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>xx</u>		17. INFORMANT <u>Mrs. J.C. Brown</u> <u>1724 So. 19th St. Joseph Mo.</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Congestive Failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					unknown
DUE TO (b) <u>Hypertensive Heart Disease</u>					unknown
DUE TO (c) <u>Hypertension and Arteriosclerosis</u>					unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <u>9:30</u> Month <u>Jan</u> Day <u>10</u> Year <u>1957</u> a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Plattsburg</u>	
21. I attended the deceased from <u>Jan 10 1957</u> to <u>April 18, 1957</u> and last saw her alive on <u>April 18-57</u> Death occurred at <u>9:30</u> P. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Thorne E. Woggoner M.D.</u>			22b. ADDRESS <u>301 Illinois Ave St. Joseph, Missouri</u>		22c. DATE SIGNED <u>4-22-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 22 57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>		23d. LOCATION (City, town, or county) (State) <u>Plattsburg Mo.</u>	
24. FUNERAL DIRECTOR <u>D.D. Lyon</u>		ADDRESS <u>Plattsburg Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>April 23, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Esther M. Allison</u>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

securing the medical certification in the specimen

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. 4992

P. O. Address Hattiesburg

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.