

STANDARD CERTIFICATE OF DEATH

FILED JUL 22 1957

24113  
STATE FILE NUMBER  
Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 708-G

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896

|                                                                                                                                                                                                                                        |                                  |                                                                                                                                                             |                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>                                                                                                                                                                                           |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Greene</b>                      |                                                                            |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Springfield</b>                                                                                                                                                |                                  | c. CITY OR TOWN <b>Springfield</b> 0396                                                                                                                     |                                                                            |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                        |                                                                            |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>City Hospital</b>                                                                                                                                    |                                  | Length of stay in 1b<br><b>63 Yrs.</b>                                                                                                                      |                                                                            |
| d. STREET ADDRESS<br><b>2058 Columbia</b>                                                                                                                                                                                              |                                  | (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                        |                                                                            |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>GEORGE</b> Middle <b>HENRY</b> Last <b>ALBERT</b>                                                                                                                                   |                                  | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>11</b> Year <b>1957</b>                                                                                        |                                                                            |
| 5. SEX<br><b>Male</b>                                                                                                                                                                                                                  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>13 Dec. 1893</b>                                    |
| 9. AGE (In years last birthday)<br><b>63</b>                                                                                                                                                                                           |                                  | 10. FUNDING YEAR<br>Months Days Hours Min.                                                                                                                  |                                                                            |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Wood worker</b>                                                                                                                      |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Retired</b>                                                                                                         |                                                                            |
| 11. BIRTHPLACE (City and state or country)<br><b>Missouri</b>                                                                                                                                                                          |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>                                                                                                                  |                                                                            |
| 13a. FATHER'S NAME<br><b>John Albert</b>                                                                                                                                                                                               |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Nettie Green</b>                                                                                                            |                                                                            |
| 14. NAME OF HUSBAND OR WIFE<br><b>Lella Albert</b>                                                                                                                                                                                     |                                  |                                                                                                                                                             |                                                                            |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, or unknown) <b>Yes</b> <b>WWI</b>                                                                                                                                                |                                  | 16. SOCIAL SECURITY NO.<br><b>500-10-3929</b>                                                                                                               |                                                                            |
| 17. INFORMANT<br><b>George R. Albert</b>                                                                                                                                                                                               |                                  | Address<br><b>Springfield, Mo.</b>                                                                                                                          |                                                                            |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Heart Disease</b>                                                                         |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>4201</b>                                                                                                             |                                                                            |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                                                                                                     |                                  |                                                                                                                                                             |                                                                            |
| 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?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour _____<br>a.m. _____<br>p.m. _____                                                                                                                                                                          |                                  |                                                                                                                                                             |                                                                            |
| 20d. INJURY OCCURRED WHILE AT <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<br><b>Springfield, Missouri</b>                                                                                                                                                                           |                                  | STATE<br><b>Missouri</b>                                                                                                                                    |                                                                            |
| 21. I attended the deceased from <b>7/11/57</b> to <b>7/11/57</b> and last saw him alive on <b>7/11/57</b><br>Death occurred at <b>10:15 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |                                                                                                                                                             |                                                                            |
| 22a. SIGNATURE<br>(Degree or title)<br><b>Lyman H. Brown M.D.</b>                                                                                                                                                                      |                                  | 22b. ADDRESS<br><b>Springfield, Missouri</b>                                                                                                                |                                                                            |
| 22c. DATE SIGNED<br><b>7/13/57</b>                                                                                                                                                                                                     |                                  |                                                                                                                                                             |                                                                            |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                                                                                                                                                                             | 23b. DATE<br><b>7-13-57</b>      | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Brick Church Cemetery</b>                                                                                          | 23d. LOCATION (City, town, or county) (State)<br><b>Greene County, Mo.</b> |
| 24. FUNERAL DIRECTOR<br><b>J.W. Klingner &amp; Co.</b>                                                                                                                                                                                 |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>7-15-57</b>                                                                                                              |                                                                            |
| ADDRESS<br><b>Spgrd. Mo.</b>                                                                                                                                                                                                           |                                  | 26. REGISTRAR'S SIGNATURE<br><b>Edith Williamson</b>                                                                                                        |                                                                            |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

# 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. \_\_\_\_\_  
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.