

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

FILED JAN 13 1958

State File No. **43811**

V. S. No. 306  
Rev. 10-48

BIRTH NO. _____		REG. DIST. NO. <u>72</u>	PRIMARY REG. DIST. NO. <u>4134</u>	Registrar's No. <u>2</u>
<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).		
a. COUNTY <b>Clay</b>		b. STATE <b>Missouri</b>	c. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Smithville, MO</b>		c. LENGTH OF STAY (in this place) <b>2 Weeks</b>	c. CITY OR TOWN <b>Kearney</b>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Smithville Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>6000</b>		
<b>3. NAME OF DECEASED</b> (Type or Print)		a. (First) <b>Velva</b>	b. (Middle) <b>Ann</b>	c. (Last) <b>Albright</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 29 1957</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct 2, 1902</b>	9. AGE (In years last birthday) <b>55</b>
			# UNDER 1 YEAR Months	# UNDER 100 Hrs. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Humansville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Hamilton</b>		13b. MOTHER'S MAIDEN NAME <b>Malby Greenhaw</b>	14. NAME OF HUSBAND OR WIFE <b>Grover C Albright</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Grover C Albright,</b> ADDRESS <b>Kearney, MO</b>		
18. CAUSE OF DEATH	<b>MEDICAL CERTIFICATION</b>			INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adrenal Insufficiency</b>			
*This does not mean the mode of dying, such as heart failure, ashenic, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES			
	Morbid conditions, if any, giving DUE TO (b) <b>Adrenal Atrophy</b>			
	DUE TO (c) <b>Rheumatoid Arthritis</b>			
	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 <b>274X</b>			20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)		
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>12-15</u> , 19 <u>57</u> , to <u>12-29</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>12-29</u> , 19 <u>57</u> , and that death occurred at <u>12:55 a. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Daniel Akes M.D.</b>		23b. ADDRESS <b>Smithville, Mo.</b>		23c. DATE SIGNED <b>12/30/57</b>
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-31-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>	24d. LOCATION (City, town, or county) (State) <b>Kearney, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>12-30-57</b>	REGISTRAR'S SIGNATURE <b>Marquitta Ferguson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Fry Funeral Home,</b> ADDRESS <b>Kearney, MO</b>		

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

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(Licensed Embalmer's Statement on Reverse Side)

