

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

164

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 30061 Registrar No. 1

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Columbia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone Co. Hospital		d. STREET ADDRESS (If outside, give location) 408 West Blvd. So.	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN H ALBRECHT		4. DATE OF DEATH Month Day Year Jan. 1, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 22, 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Bldg. Mfg. Co.		11. BIRTHPLACE (City and state or country) Middleton, Wisconsin	
10b. KIND OF BUSINESS OR INDUSTRY Steel Bldg. Mfg.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Henry Albrecht		14. NAME OF HUSBAND OR WIFE Emma E. Steckelberg	
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.	
17. INFORMANT Mrs. Phil D. Prather Jr., Columbia, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic heart disease</i> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>uremia, bronchopneumonia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i>
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 Month, Day, Year a.m. 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.)	
21. I attended the deceased from <i>30 Dec 57</i> to <i>1 Jan 58</i> and last saw him alive on <i>1 Jan 58</i> Death occurred at <i>11:45</i> A.M. on the date stated above; and to the best of my knowledge from the causes stated.		22a. SIGNATURE (Degree or title) <i>R. E. Palmer MD</i>	
22b. ADDRESS <i>Columbia Mo</i>		22c. DATE SIGNED <i>2 Jan 58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Jan. 1, 1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Middleton Junction Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>Middleton, Wisconsin</i>	
24. FUNERAL DIRECTOR <i>Parker Funeral Service, Columbia, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Jan. 2 1958</i>	
26. REGISTRAR'S SIGNATURE <i>Mrs. R. E. Palmer</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

SEP 12 1958

MAY 14 1958

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. 5010

P. O. Address Columbia, Md.

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.