

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1857  
STATE FILE NUMBER

FILED JAN 28 1958

Registration District No. 175 Primary Registration District No. 5650 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN VERONA SPRING RIVER Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN VERONA 0550 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1/2 miles East of VERONA Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 1 mile East of VERONA Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MIDDLE Last HATTIE DALE Albright			4. DATE OF DEATH Month Day Year JAN 18 1958
5. SEX FEMALE	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 4-26-1906
9. AGE (In years less birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Tenn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY SELF	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Edward Slaughter		13b. MOTHER'S MAIDEN NAME Molly Capps	14. NAME OF HUSBAND OR WIFE Ralph Albright
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Ralph Albright, VERONA, Mo -
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Glomerulonephritis with Kidney failure and Anemia DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) Generalized Arteriosclerosis with Hypertension			INTERVAL BETWEEN ONSET AND DEATH 6 months 592X
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 COUNTY STATE	
21. I attended the deceased from Dec 1, 1957 to Jan 18, 1958 and last saw her alive on Jan 18, 1958 Death occurred at 9:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Kenneth L. Selvey M.D.		22b. ADDRESS Aurora, Mo.	
22c. DATE SIGNED 1/20/58			
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) BURIAL	23b. DATE 1-20-58	23c. NAME OF CEMETERY OR CREMATORY MAPLE PARK	23d. LOCATION (City, town, or county) (State) AURORA, Mo.
24. FUNERAL DIRECTOR ADDRESS MARSH FUNERAL HOME, AURORA, Mo		25. DATE RECD. BY LOCAL REG. 1-20-1958	26. REGISTRAR'S SIGNATURE Ora Mc Natt

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 19 1962

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 Max L. Fossell

Licensed Embalmer No. 4252  
P. O. Address Mt. Vernon

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.