

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

58-020618
State File No.

FILED JUN 13 1958

BIRTH NO. _____		REG. DIST. NO. <u>328</u>		PRIMARY REG. DIST. NO. <u>6112</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE, (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Kelso Twp</u>		c. LENGTH OF STAY (in this place) <u>all life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Kelso Twp</u>		10 ⁰⁰ 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 Mi E of Illmo</u>				d. STREET ADDRESS (If rural, give location) <u>1 mile East of Illmo</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LOUIS</u>		b. (Middle) <u>GEORGE</u>		c. (Last) <u>ALBRECHT</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 24, 1886</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		9. AGE (In years last birthday) <u>72</u>		11. BIRTHPLACE (State or foreign country) <u>Near Illmo, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Julius Albrecht</u>		13b. MOTHER'S MAIDEN NAME <u>Eva Ebert</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Roth</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Louis Albrecht</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> (known cardiac since 1942) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>0</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>		21. HOW DID INJURY OCCUR? <u>4201</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u> </u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>First call after death</u> , 19 <u>58</u> , to <u> </u> , 19 <u>58</u> , that I last saw the deceased alive on <u> </u> , 19 <u>58</u> , and that death occurred at <u>12:01 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Delma C. Buckthorpe, M.D.</u>		(Degree or title)		23b. ADDRESS <u>5 Benton Mo</u>		23c. DATE SIGNED <u>6-4-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/7/58</u>		24c. NAME OF CEMETERY OR DEPOSITORY <u>Elmhurst</u>		24d. LOCATION (City, town, or county) (State) <u>Illmo Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-5-58</u>		REGISTRAR'S SIGNATURE <u>Mrs Paul Ruppberg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bispling Hoff Funeral Home Illmo</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

DATE RECEIVED 6-9-58

SCOTT CO. HEALTH DEPT.

CO. FILE No. 658-135

658-135

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
Student Embalmer

Signed Oliver C. Smith

Licensed Embalmer No. 4470

P. O. Address Illmo, Mo

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 this body is not embalmed, fact should be so stated above.