THE DIVISION OF HEALTH OF MISSOURI Health. STANDARD CERTIFICATE OF DEATH Welfore STATE FILE NUMBER Public 1000 Registrar's No. 4 949 10 Deistration District No. Primary Registration District No. Service 0 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before b. COUNTY Buchanan a. COUNTY 300 Buchanan Missouri -57 b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits c. CITY Inside Limits OR Yes 😧 No St. Joseph Yes 🗔 No 🗌 TOWN TOWN St.Joseph c. FULL NAME OF (If NOT in hospital, give location) (If outside, give location) Length of stay in 1b d. STREET Reside on Farm HOSPITAL OR ADDRESS INSTITUTION Mo. Meth. Hosp. Yes No V 20 years <u>110 East Lake Blyd</u> 3. NAME OF DECEASED First Middle Last 4. DATE Day Year (Type or print) ALBAUGH Sept. 4, 1958 EARL M. DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years OF UNDER I YEAR IF UNDER 24 HRS. 47 lost birthday) Months | Days Oct. 12, 1910 male white WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1). BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Chemical Co. Hazelton, No. Dakota USA Laborer 13g. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE Herbert Albaugh Minnie unknown Katharine 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? IA. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes, rgive, war or dates of service) 501-10-9884 Mrs. Earl Albaugh, 110 E. Lake Blvd, St. Joseph 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEENMO ONSET AND DEATH IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the under-DUE TO (c) lying couse last. WAS AUTOPSY PERFORMED? YES X NO SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \Box 20c. TIME OF Hour Month, Day, Year INJURY p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE WHILE AT NOT WHILE form, uctory, street, office bldg., etc.) WORK AT WORK 950 and last saw him alive on 21. I attended the deceased from u Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated. 22L. SIGNATURE 22b. ADDRESS (Degree or title) 22c. DATE SIGNED BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tow REMOVAL (Specify) 9/6/1958 burial Mt. Auburn Cemetery St. Joseph. Missouri 26. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. St. Joseph, Mo.

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I hereby certify	that the	body whose	name is recorded	on the	reverse side	of this cert	ificate was	embalmed
* · ·	•,		. •		•			
by me, or by	***********			• • • • • • • • •	, Stu	dent Embal	mer No	

working under my personal supervision.

Signature of Student Embalmer

Licensed Embalmer No

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.