

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029518
STATE FILE NUMBER

FILED AUG 26 1958		Registration District No. 171		Primary Registration District No. 5639		Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY <i>Lafayette</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Odessa, Mo.</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Independence</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mo 90 highway</i>		Length of stay in 1b		d. STREET ADDRESS <i>1603 No. Kiger Rd.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>James A Albertson</i>				4. DATE OF DEATH Month Day Year <i>8-19-58</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>4-26-1917</i>	
9. AGE (In years last birthday) <i>41</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Poeker</i>		11. BIRTHPLACE (City and state or country) <i>DeWett Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>James O. Albertson</i>		13b. MOTHER'S MAIDEN NAME <i>Goldie B. Lent</i>		14. NAME OF HUSBAND OR WIFE <i>Hazel B. Albertson</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>328-07-5977</i>		17. INFORMANT Address <i>Mrs. Goldie Albertson 1603 Kiger Rd.</i>			
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>Shock & lacerations of crushing injury to chest</i> DUE TO (b) <i>multiple fractures of ribs, wrist, & abrasions</i> DUE TO (c) <i>lacerations, contusions & abrasions</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Terminally infarct heart on Callusmo</i>						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" 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.) <i>Motor car Callusmo Mo 90 highway 1 1/2 miles east of Odessa Mo</i>					
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. <i>9:45 p.m. 8-19-58</i>		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, shop, office bldg., etc.) <i>No H.P. in Odessa Lafayette Mo</i>		20f. CITY, TOWN, OR LOCATION <i>Odessa Lafayette Mo</i>					
21. I attended the deceased from death occurred at <i>9:45 p.m. 8-19-58</i>		21. I attended the deceased from death occurred at <i>9:45 p.m. 8-19-58</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>W. M. Martin</i>		22b. ADDRESS <i>Odessa Mo</i>		22c. DATE SIGNED <i>8-21-58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Aug 22, 1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Green Lawn</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri</i>	
24. FUNERAL DIRECTOR <i>Shel Funeral Home K. C. Missouri</i>		25. DATE RECD. BY LOCAL REG. <i>8-23-1958</i>		26. REGISTRAR'S SIGNATURE <i>Emma Davidson</i>			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 10 1958

SEP 11 1958

SEP 20 1958

SEP 18 1958

SEP 18 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. 4604

working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Ralph O Jones

Licensed Embalmer No. 4604

P. O. Address. Odessa,

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.