

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

59-001695
STATE FILE NUMBER

JAN 26 1959		Registration District No. 156		Primary Registration District No. 2001		Registrar's No. 33	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 2216 Pennsylvania		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last LOUISE ELIZABETH ALBIN				4. DATE OF DEATH Month Day Year Jan, 5, 1959			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 20, 1881	
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Neosho Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Phillip Kraft		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Edward Albin			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Paul Eggerman, Joplin Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock of surgery and fracture Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Intertrochanteric Fracture of Right Femur DUE TO (c) 9040 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 21						INTERVAL BETWEEN ONSET AND DEATH 6 days	
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.) Fell					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 12-31-58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2216 Pennsylvania					
20e. CITY, TOWN, OR LOCATION Joplin		20f. COUNTY Jasper		20g. STATE Missouri			
21. I attended the deceased from Death occurred at 9-27-55 3:30 P.M. to 1-5-59 and last saw her alive on 1-5-59		22. SIGNATURE (Degree or title) Alice H. Wilson M.D.					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-8-1959		23c. NAME OF CEMETERY OR CREMATORY King		23d. LOCATION (City, town, or county) (State) Newton County Missouri	
24. FUNERAL DIRECTOR Thompson Funeral Home, Neosho Mo.		25. DATE RECD. BY LOCAL REG. 1-14-59		26. REGISTRAR'S SIGNATURE Dove Merriam			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 *L. J. M. Danner*

Licensed Embalmer No. *5065*

P. O. Address *Reashe 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.