

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008051

STATE FILE NUMBER

FILED FEB 25 1959

Registration District No. 323

Primary Registration District No. 4474

Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sweet Springs</b>		c. CITY OR TOWN <b>Sweet Springs</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Roberts-Worley Clinic</b>		d. STREET ADDRESS <b>104 W. Marshall Street</b>	
3. NAME OF DECEASED (Type or print) <b>JACK SHELDON ALBERTSON</b>		4. DATE OF DEATH Month <b>Feb.</b> Day <b>18,</b> Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 20, 1898</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		11. BIRTHPLACE (City and state or country) <b>El Dorado Springs, Mo.</b>	
13a. FATHER'S NAME <b>James Theodore Albertson</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W. W. #1</b>		16. SOCIAL SECURITY NO. <b>563-10-5520</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) <b>4200</b>		INTERVAL BETWEEN ONSET AND DEATH <b>90 min.</b> <b>16 years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Previous Myocardial Infarction 1942</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour <b>12:30</b> Month, Day, Year		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>Feb 18, 1959</b> to <b>Feb 18, 1959</b> and last saw him alive on <b>Feb 18, 1959</b> Death occurred at <b>12:30</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Charles A. Moley, M.D.</b>		22b. ADDRESS <b>Sweet Springs, Mo.</b>	
22c. DATE SIGNED <b>2-18-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Feb. 20, 1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Blackwater Chapel Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Pettis County, Mo.</b>	
24. FUNERAL DIRECTOR <b>L. F. Parker, Sweet Springs, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Feb. 19, 1959</b>	
26. REGISTRAR'S SIGNATURE <b>Mary Moley</b>			

(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.

MAR 3 1968

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. T. Parker .....

Licensed Embalmer No. 3840 .....

P. O. Address Sweet Springs, .....

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.