

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010037
STATE FILE NUMBER

FILED MAR 18 1959 Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon		c. CITY OR TOWN Higginsville	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium		d. STREET ADDRESS 1402 Shelby	
3. NAME OF DECEASED (Type or print) First Middle Last Roy H. Albers		4. DATE OF DEATH Month Day Year March 7, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 4, 1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Railroad	9. AGE (In years last birthday) 57
11. BIRTHPLACE (City and state or country) Higginsville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Fred Albers		14. NAME OF HUSBAND OR WIFE Dorothy Duncan Albers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 709-12-0537	
17. INFORMANT San. records, Mo. State San., Mt. Vernon, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Pulmonary tuberculosis IMMEDIATE CAUSE (a) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) left bronchopleural fistula: Cor pulmonale			INTERVAL BETWEEN ONSET AND DEATH 20 years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
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, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Mt. Vernon, Mo.		COUNTY STATE	
21. I attended the deceased from 6-11-58 , to 3-7-59 and last saw ^{him} her alive on 3-7-59 Death occurred at 11:50 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>H. D. Fossett</i>		22b. ADDRESS Mt. Vernon, Mo.	
22c. DATE SIGNED 3-9-59		23. NAME OF CEMETERY OR CREMATORY Higginsville, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-7-59	
23c. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR ADDRESS H. D. Fossett, Mt. Vernon, Mo.	
25. DATE RECD. BY LOCAL REG. 3-9-59		26. REGISTRAR'S SIGNATURE <i>Cecil Hendricks</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doclor, coroner, etc. must use only standard nomenclature in Part 18. All diseases in Part 1 must be causally related.

MAR 28 1959

MAR 19 1959

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed W. H. Legett.....

Licensed Embalmer No. 2201.....
P. O. Address W. H. Legett.....

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.