

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013677

STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 96

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Jackson (Institution))	
b. CITY (If outside corporate limits, give TOWNSHIP only) Rural Prairie	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Independence	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson Co. Hosp.	Length of stay in lb 2 days	d. STREET ADDRESS 501 West Sea	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Theodore Albright	4. DATE OF DEATH Month April Day 13 Year 1959
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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 Jan. 28, 1901	9. AGE (In years) 58 (In years) 58 (In months) 0 (In days) 0 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	10b. KIND OF BUSINESS OR INDUSTRY Painter	11. BIRTHPLACE (City and state or country) Fitzgerald, Georgia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Dexter Albright	13b. MOTHER'S MAIDEN NAME Pauline	14. NAME OF HUSBAND OR WIFE Martha Albright
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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. None	17. INFORMANT Martha Kelly Address 501 W. Sea Indep. Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis of liver	INTERVAL BETWEEN ONSET AND DEATH
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)	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.) 5810
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Independence	COUNTY Missouri	STATE Missouri
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21. I attended the deceased from 4-11-59 to 4-13-59 and last saw her alive on 4-13-59 Death occurred at 12:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Walter Japer M.D. (Degree or title)	22b. ADDRESS W. B. Longford	22c. DATE SIGNED 4/13/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 14 April 59	23c. NAME OF CEMETERY OR CREMATORY Mount Carmel	23d. LOCATION (City, town, or county) (State) Indep. Mo.
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24. FUNERAL DIRECTOR Speaks Funeral Home Indep. Mo.	25. DATE RECD. BY LOCAL REG. 4-14-1959	26. REGISTRAR'S SIGNATURE W. B. Longford
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 27 1963

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 *Rollip Kewel*
Licensed Embalmer No. *3690*
P. O. Address *Indy*

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.