

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 6 4 9 3

FILED VS DEC 21 1959

Registration District No. 24 Primary Registration District No. 6022 Registrar's No. 197

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arrow Rock townshin		c. CITY OR TOWN Arrow Rock township	
Length of stay in 1b 5 months		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 miles east Marshall		d. STREET ADDRESS (If outside, give location) 7 miles east Marshall	
Inside Limits Yes ☒ No ☐		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First Fredrick Middle William Last Albert		4. DATE OF DEATH Month December Day 18th Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH II-18-1876
9. AGE (last birthday) 83		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (City and state or country) Warren County Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Bernard Albert		13b. MOTHER'S MAIDEN NAME Johanna Schotte	
14. NAME OF HUSBAND OR WIFE -----		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 Arrow Rock Star route Ray Albert, Marshall 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) Chr. Myocarditis DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 2 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Oct 1st , 59 , to Dec-16-59 and last saw her/him alive on Dec-16-59 Death occurred at 2-50 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. L. Lawless M.D. (Degree or title)		22b. ADDRESS Marshall Mo.	
22c. DATE SIGNED 12-19-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-20-1959	
23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Gardens, Marshall Missouri		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Cambell-Lewis, Marshall Mo.		25. DATE RECD. BY LOCAL REG. 12-19-59	
26. REGISTRAR'S SIGNATURE Cecil G. Read			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

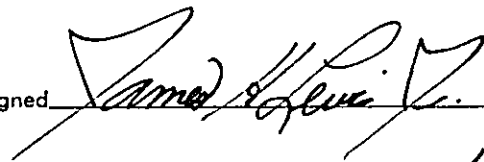
~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4709

P. O. Address Marshall, 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.