

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-009737

STATE FILE NUMBER

Registration District No. 207 Primary Registration District No. _____ Registrar's No. 10

FILED VS MAR 7 1961

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Maries	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Twp.		Length of stay in lb 5 Yrs	c. CITY OR TOWN Vienna, Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Her Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Jackson Twp. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Myrtle Middle Louella Last Albertson			4. DATE OF DEATH Month Feb. Day 28 Year 1961		
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5. SEX Female	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 6/4/1891	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months 8 Days _____ Hours _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Maries County, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Joseph Davis	13b. MOTHER'S MAIDEN NAME Louella Duncan	14. NAME OF HUSBAND OR WIFE Joseph Albertson
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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 Address Clifford Albertson Vienna, 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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) gastric hemorrhage		1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) due duodenal ulcer	4 hrs
	DUE TO (c)	

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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 Vienna, Mo.	COUNTY	STATE
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21. I attended the deceased from **Jan 14 /61** to **Feb 28 1961** and last saw her ^{her} _{him} alive on **Feb 10 1961**
Death occurred at **6:40 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J V Kanegawa MD	22b. ADDRESS 515 E High St	22c. DATE SIGNED 3/1/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/3/61	23c. NAME OF CEMETERY OR CREMATORY Vienna Cemetery	23d. LOCATION (City, town, or county) Vienna, Mo.	(State)
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25. DATE RECD. BY LOCAL REG. Mar 2. 1961		26. REGISTRAR'S SIGNATURE Thos W Hutchins
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

VS MAR 8 1961

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 *McP. Cunningham*

Licensed Embalmer No. 3664
P. O. Address *Cresna N*

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.