

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006950

STATE FILE NUMBER

AMENDED

Registration District No. 162

Primary Registration District No. 5595

Registrar's No. 35

FILED MAR 1 1962

1. PLACE OF DEATH

a. COUNTY

JEFFERSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

ROCK TOWNSHIP

Length of stay in 1b

6 MONTHS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

FOUR OAKS REST HOME

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

MARIES

c. CITY
OR TOWN

VIENNA

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

VIENNA

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JOSEPH

F.

ALBERTSON

4. DATE
OF DEATH

Month

Day

Year

FEB. 22 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

APR 29 1890

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED GUARD

10b. KIND OF BUSINESS OR INDUSTRY

STATE PRISON

11. BIRTHPLACE (City and state or country)

VIENNA MO

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

PETER ALBERTSON

13b. MOTHER'S MAIDEN NAME

FRANCES HILL

14. NAME OF HUSBAND OR WIFE

MYRTLE DAVIS (DEC)

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.

UNAVAILABLE CLIFFORD ALBERTSON VIENNA MO

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Edema

INTERVAL BETWEEN ONSET AND DEATH

12 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Congestive Heart Failure

1 yr

DUE TO (c) Arterial Sclerotic Heart Disease

5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetic Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. 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.

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 9/1/61 to 2/22/62 and last saw him alive on 2/22/62.

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles Burnside MD

22b. ADDRESS

206 Wagoner Rd Vienna MO

22c. DATE SIGNED

2/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

FEB 23 1962

23c. NAME OF CEMETERY OR CREMATORY

VIENNA CEMETERY

23d. LOCATION (City, town, or county)

VIENNA MO

24. FUNERAL DIRECTOR

ADDRESS

BERMINGHAM F. H. VIENNA MO

25. DATE RECD. BY LOCAL REG.

2-23-62

26. REGISTRAR'S SIGNATURE

Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

VS TAB 1 1962

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 Edward Fendler, Student Embalmer No. 644

working under my personal supervision.

Student Edward F. Fendler
Signature of Student Embalmer

Signed Arthur W. Schlegel

Licensed Embalmer No. 3872

P. O. Address Imperial 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.