

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017896

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 132

FILED JUN 12 1962

1. PLACE OF DEATH

a. COUNTY

Audrain

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

OR TOWN Mexico

Length of stay in 1b

years

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

HOSPITAL OR

INSTITUTION

Audrain County Hospital

Inside Limits

Yes ☒ No ☐

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

a. STATE

Missouri

b. COUNTY

Audrain

c. CITY

OR TOWN

Mexico

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

RFD # 6

Reside on Farm

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

First

Grace

Middle

C.

Last

Albers

4. DATE OF DEATH

Month

Day

Year

June

8

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-30-1903

9. AGE (last birthday)

58

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)

House wife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Oakley, Kansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Ernst

13b. MOTHER'S MAIDEN NAME

Anna M. Christenson

14. NAME OF HUSBAND OR WIFE

Fred H. 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.

510-26-7027

17. INFORMANT

Fred H. Albers Mexico, Mo.

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)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

2 hrs

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

DUE TO (b)

Coronary Occlusion

2 yrs

DUE TO (c)

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

Rheumatoid arthritis severe, long

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 only injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

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

7/25-1955 to

June 8-1962

and last saw her alive on 6/8-62

Death occurred at

10 01 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

G. Kallenbach M.D.

22b. ADDRESS

Mexico, Mo

22c. DATE SIGNED

6-8-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

6/10/62

23c. NAME OF CEMETERY OR CREMATORY

Oakley

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

Oakley, Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Arnold Funeral Home Mexico, Missouri

25. DATE RECD. BY LOCAL REG.

June 9-1962

26. REGISTRAR'S SIGNATURE

Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

G. P. Kallenbach M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

7/19/62

Grace Albers

Grace C. Albers

DOCUMENT

BY AFFIDAVIT OF Informant

MEDICAL CERTIFICATION

Permit obtained
6-9-62

JUL 10 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Kenneth E. Hayes

Licensed Embalmer No. 4890

P. O. Address Mexico 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.