

**=62-041646**

042

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1349

STATE FILE NUMBER

**AMENDED**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

~~FILED DEC 10 1962~~

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Buchanan	a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	St. Joseph	c. CITY OR TOWN	St. Joseph
	Length of stay in 1b 20 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION	St. Josephs Hospital	d. STREET ADDRESS	(If outside, give location) 1801 So. 10th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

3. NAME OF DECEASED (Type or print)			First	Middle	Last	4. DATE OF DEATH		Month	Day	Year
			JULIA	LEOTA	ALBERTSON			November	29	1962
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR
Female	White			9/17/1909		53		Months	Days	Hours
										Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)			12. CITIZEN OF WHAT COUNTRY		
At home			Home		Platte City Missouri					

13a. FATHER'S NAME <b>Lewis Stone</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Amos</b>		14. NAME OF HUSBAND OR WIFE <b>Mr. Frank Albertson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-22-7229</b>		17. INFORMANT <b>Mr. Frank Albertson</b>	
				Address: <b>1801 So. 10th St. Joseph, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a)	Terminal Broncho pneumonia	four days
DUE TO (b)	Hodgkins Disease - Advanced	approx 5 yrs
DUE TO (c)	Emphysema & cachexia	

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

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

CERTIFICATE	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.)

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	COUNTY	STATE
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21. I attended the deceased from 2-13-1950, to 11-29-62 and last saw her alive on 11-29-62.  
Death occurred at 5:15P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE 	22b. ADDRESS 315 North St. Joseph, Mo.	22c. DATE SIGNED 11-30-32
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/3/62	23c. NAME OF CEMETERY OR CREMATORY Lathrop Cemetery	23d. LOCATION (City, town, or county) (State) Lathrop Missouri
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24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
St. Joseph, Mo.	St. Joseph, Mo.	Dec. 4 1962	Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

**USE BLACK INK**

**OR  
TYPEWRITER RIBBON**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

## INSTEAD OF

### SHOULD READ

ITEM NO.

**DOCUMENT**

BY AFFIDAVIT OF N/4/08 B Rest. M.A. MEDICAL CERTIFICATION

Permit issued 11/30/62

**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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph 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.