

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046494

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 200

Registrar's No. 1898A

FILED JAN 7 1963

## 1. PLACE OF DEATH

a. COUNTY

GREENE

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

OR TOWN SPRINGFIELD

Length of stay in 1b

YEARS

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

HOSPITAL OR INSTITUTION

EVANS NURSING HOME

Inside Limits

Yes ☒ No ☐

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

a. STATE

MISSOURI

COUNTY

GREENE

admission)

c. CITY OR TOWN

SPRINGFIELD

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

2058 N. COLUMBIA

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

LELLA

Middle

RUTH

Last

ALBERT

4. DATE OF DEATH

Month

Day

Year

DEC. 23, 1962

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

9/21/95

## 9. AGE (last birthday)

67

## 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)

HOUSEWIFE

## 10b. KIND OF BUSINESS OR INDUSTRY

HOME

## 11. BIRTHPLACE (City and state or country)

POLK COUNTY, MO.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

JAMES F. BASS

## 13b. MOTHER'S MAIDEN NAME

MARY JANE GOODNIGHT

## 14. NAME OF HUSBAND OR WIFE

GEORGE H. ALBERT

## 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.

UNKNOWN

## 17. INFORMANT

GEORGE RAY ALBERT; 2058 N. COLUMBIA

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

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Carcinoma of Cervix

## DUE TO (b)

anemia and infection

## 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.

☐ 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

Month, Day, Year

a.m.

p.m.

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

April 1962

to

Death

and last saw her alive on

Dec 15, 1962

## Death occurred at

9:00

P.

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

## 22a. SIGNATURE

(If doctor, give title)

Giles B. H. Dr. M.D.

## 22b. ADDRESS

SPRINGFIELD, MISSOURI

## 22c. DATE SIGNED

12/27/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

12/26/62

## 23c. NAME OF CEMETERY OR CREMATORY

BRICK CHURCH CEMETERY

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

SPRINGFIELD, MISSOURI

## 24. FUNERAL DIRECTOR

## ADDRESS

AYRE-GOODWIN

SPRINGFIELD, MO.

## 25. DATE RECD. BY LOCAL REG.

12-31-62

## 26. REGISTRAR'S SIGNATURE

Effie S. Metten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

FEB 5 1963

permanently 12-26-62

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 *Robert D. Lawrence*  
Licensed Embalmer No. 5156  
P. O. Address Springfield, 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.