

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-014983

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

525

STATE FILE NUMBER

FILED MAY 1 1963

1. PLACE OF DEATH

a. COUNTY Buchanan

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

Length of stay in 1b
since 1911

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION: Meth. Hosp. & Med. Center

Inside Limits
Yes ☒ No ☐

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

a. STATE Missouri b. COUNTY Buchanan

c. CITY OR TOWN St. Joseph, Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
2623 Francis Street Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

SAMUEL

KENNETH

ALBERTS

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

June 11, 1894

9. AGE (last birthday)

68

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)

President

10b. KIND OF BUSINESS OR INDUSTRY

Alberts Appliance Co. Inc. Wilno, Russia

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Reba Alberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)
Yes W. W. #1

16. SOCIAL SECURITY NO.

488-14-9132

17. INFORMANT

Mrs. Reba Alberts-St. Joseph, Missouri

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 the sigmoid colon.

INTERVAL BETWEEN ONSET AND DEATH

18 months.

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

DUE TO (b)

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

20b. SUICIDE

20c. HOMICIDE

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour Month, Day, Year

20f. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20h. CITY, TOWN, OR LOCATION

20i. COUNTY

20j. STATE

21. I attended the deceased from

December 6, 1961

to April 24, 1963

and last saw him alive on

April 23, 1963

Death occurred at

11:40 AM

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

22a. SIGNATURE

(Degree or title)

John R. McDaniel MD

22b. ADDRESS

902 Edmond Street,
St. Joseph, Missouri

22c. DATE SIGNED

4/26/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

April 26, 1963

23c. NAME OF CEMETERY OR CREMATORY

Adath Joseph Cemetery

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

St. Joseph, Missouri

24. FUNERAL DIRECTOR

Meierhoffer-Fleeman Inc., St. Joseph, Mo.

April 30, 1963

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodill

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

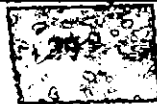
SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

J.R. McDaniel, M.D.



JUN 1 1961

JUN 1 1961

Permit issued 4-25-63

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 _____

Licensed Embalmer No. 4679

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.