

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-021146

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 308

Primary Registration District No. 7099

Registrar's No. 14

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAY 17 1963

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Femme Osage		c. CITY OR TOWN Femme Osage	
Length of stay in 1b 7 yrs.		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Augusta RR.		d. STREET ADDRESS (If outside, give location) Augusta RR.	
Inside Limits Yes ☒ No ☐		Reside on Farm Yes ☐ No ☒	

3. NAME OF DECEASED (Type or print) First Karl Middle Dietrich Last Albers			4. DATE OF DEATH Month May Day 9 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 9-6-1875	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Hanover, Germany	
12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME John Albers		13b. MOTHER'S MAIDEN NAME Anna Ahrens		14. NAME OF HUSBAND OR WIFE Rosa D. Puls	
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. None		17. INFORMANT Address Rev. Karl F. Albers - Augusta RR. - Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocarditis Chn nephritis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) degenerative of old age DUE TO (c) degenerative of old age		INTERVAL BETWEEN ONSET AND DEATH 5 years 2 years
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 May 8 to May 9 and last saw him alive on May 9 Death occurred at May 9 on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE E. C. Jensen (Degree or title)		22b. ADDRESS Marthasville Mo	22c. DATE SIGNED 5/10/63 (Sign)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-9-1963	23c. NAME OF CEMETERY OR CREMATORY Anderson Hill Cemetery	23d. LOCATION (City, town, or county) Moscow Mills - Mo.
24. FUNERAL DIRECTOR ADDRESS F.E. Pitman Funeral Home - Wentzville - Mo.		25. DATE RECD. BY LOCAL REG. May 9 1963	26. REGISTRAR'S SIGNATURE Wm. F. Guff

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 Olie Thiering

Licensed Embalmer No. 3759

P. O. Address Augusta 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.