

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038957

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1258

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED NOV 4 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

55 years

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

Methodist Hospital

Inside Limits

Yes ☒ No ☐

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

a. STATE

Missouri

COUNTY Buchanan

admission)

c. CITY  
OR  
TOWN

St. Joseph

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS(If outside, give location)  
879 Garden St.

Reside on Farm

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

First

Loura

Middle

Helen

Last

Albright

4. DATE  
OF  
DEATH

Month

October

Day

22

Year

1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

July 22, 1894

## 9. AGE (last birthday)

69

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days 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

Own home

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

Davis City, Iowa

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

John Elmer Burrell

## 13b. MOTHER'S MAIDEN NAME

Sarah Burrell

## 14. NAME OF HUSBAND OR WIFE

John H. Albright

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

John H. Albright 879 Garden St.

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)

Hepatic Failure

INTERVAL BETWEEN  
ONSET AND DEATH

3 days

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

DUE TO (b) Metastatic Carcinoma of liver

3 months

DUE TO (c) Carcinoma of Colon

8 months

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 ☐ Unknown19. 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  
INJURYHour  
a.m.  
p.m.

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

9/13/54

to 10/22/63

and last saw her  
him alive on

10/22/63

Death occurred at 4:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Sharon Elwaggoner M.D.

## 22b. ADDRESS

301 Illinois Ave  
St. Joseph, Missouri

## 22c. DATE SIGNED

10/25/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

Oct. 25, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

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

St. Joseph, Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Clark Funeral Home St. Joseph, Mo.

## 25. DATE RECD. BY LOCAL REG.

Oct. 30, 1963

## 26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

7-1-58-108

Permit issued 10-24-63

2113  
2113  
1  
1  
1

STATEMENT BY LICENSED EMBALMER

0-5

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 Emilia Clark

Licensed Embalmer No. 4235

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.