

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043190

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 62 Primary Registration District No. 4108 Registrar's No.

FILED NOV 26 1963

VS 300
Rev. 4/59

12200
20200

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stockton		c. CITY OR TOWN Stockton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 908 North St.		d. STREET ADDRESS (If outside, give location) 908 North St.	
3. NAME OF DECEASED (Type or print) First Middle Last NELLIE AGNES ALBERTI		4. DATE OF DEATH Month Day Year Nov. 17, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-23-74
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) Stockton, Mo.
13a. FATHER'S NAME Henry Hartley		13b. MOTHER'S MAIDEN NAME Rebecca Edge	
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. 497-40-8766	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma stomach & liver metastases</u> DUE TO (b) <u>liver metastases</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		12. CITIZEN OF WHAT COUNTRY U.S.A.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <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		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	
21. I attended the deceased from <u>12-26-62</u> to <u>11-13-63</u> and last saw her alive on <u>11-13-63</u> Death occurred at <u>4-17-63</u> <u>2:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <u>Stockton Mo.</u>	
22a. SIGNATURE (Degree or title) 1 <u>Wm. B. Richter M.D.</u>		22c. DATE SIGNED <u>11-18-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-19-1963	
23c. NAME OF CEMETERY OR CREMATORY Wright Cemetery		23d. LOCATION (City, town, or county) Cedar County, Mo.	
24. FUNERAL DIRECTOR <u>Centlon Fun Home, Stockton Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-18-63</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs Geneva Cantlon</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

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 John A. Cantler

Licensed Embalmer No. 4387

P. O. Address Stockton, 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.