

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-047764

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

6671

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF William D. Hoadley, M.D.

FILED DEC 30 1965

1. PLACE OF DEATH

a. COUNTY

Jackson

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

OR
TOWN Kansas City

Length of stay in 1b

35 years

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

HOSPITAL OR
INSTITUTION Research Hospital

Inside Limits

Yes ☒ No ☐

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

a. STATE Missouri COUNTY Jackson

c. CITY

OR
TOWN Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS 317 North Lawn

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Pearl

Jane

Albright

4. DATE OF DEATH

Month

Day

Year

December

17

1965

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4-6-1889

9. AGE (last birthday)

76

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)

Homemaker

10b. KIND OF BUSINESS OR INDUSTRY

Domestic

11. BIRTHPLACE (City and state or country)

Ohio

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Edwin Mitchell

13b. MOTHER'S MAIDEN NAME

Sadie Babcock

14. NAME OF HUSBAND OR WIFE

LeRoy 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

Address

Melba Vittorino, 317 North Lawn

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Edema

INTERVAL BETWEEN ONSET AND DEATH

4 days

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

DUE TO (b)

Metastatic Carcinoma (uterine)

unknown

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 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

12/14/65

to 12/17/65

and last saw her alive on 12/17/65

Death occurred at

1 p.m.

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

22a. SIGNATURE

(Degree or title)

William D. Hoadley M.D.

22b. ADDRESS

6400 Prospect

22c. DATE SIGNED

12/17/65

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec. 20, 1965

23c. NAME OF CEMETERY OR CREMATORY

East Slope Mem. Gardens

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

Riverside

(State)

Missouri

24. FUNERAL DIRECTOR

3235 Gillham Plaza

25. DATE RECD. BY LOCAL REG.

12-20-65

26. REGISTRAR'S SIGNATURE

Beasie Smith

Stine & McClure, Kansas City, Mo.

USE BLACK INK
OR
TYPEWRITER RIBBON

Rev. Wm. D. Woodley
316 Rev. M. B. Bly
6400 Prospect
St. Louis, Mo.

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

Charles F. Tyler

Licensed Embalmer No.

4534

P. O. Address

Liberty 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.