S. No. 300
v. 10.48

FILED MAR 16 1951

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8007

BIRTH NO. ______ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 5425 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY: FRANKLIN	2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE: Missouri b. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL BOEUF — c. LENGTH OF STAY (in this place): ALL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL 0360
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):	d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)	a. (First) GEORGE	b. (Middle) H	c. (Last) ALBERSWERTH	4. DATE OF DEATH (Month) MAR (Day) 4 (Year) 51

5. SEX: MALE	6. COLOR OR RACE: W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED	8. DATE OF BIRTH: JAN 29 1865	9. AGE (In years last birthday): 86; If under 1 year: Months 1, Days 5; If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY: FARMER	11. BIRTHPLACE (State or foreign country): SENATE GROVE MO	12. CITIZEN OF WHAT COUNTRY? U S.

13a. FATHER'S NAME: FRANK ALBERSWERTH	13b. MOTHER'S MAIDEN NAME: ANNA FLEER	14. NAME OF HUSBAND OR WIFE: LOUISA GUESE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME: Mrs Arthur Pehle — ADDRESS: New Haven Mo

MEDICAL CERTIFICATION

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

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		Interval between onset and death
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial Degeneration	About 2 yrs.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Occlusion	5 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		4201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* June 25, 1945, *to* Mar. 4, 1951, *that I last saw the deceased alive on* Mar. 4, 1951, *and that death occurred at* 11:30A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: G. W. Pehle (Degree or title) D.O.	23b. ADDRESS: New Haven, Mo.	23c. DATE SIGNED: 3/5/51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	24b. DATE: 3-7-51	24c. NAME OF CEMETERY OR CREMATORY: Senate Grove	24d. LOCATION (City, town, or county): Senate Grove (State) Mo

DATE REC'D BY LOCAL REG.: Mar-6-51	REGISTRAR'S SIGNATURE: Tillie Grannemann 930	25. FUNERAL DIRECTOR'S SIGNATURE: Lola Kerckhoff & Son — ADDRESS: New Haven Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 26 1951

File No. ----------

DISTRICT HEALTH OFFICE No. 4

MAR 14 1951

RECEIVED

MAR 11

JUL 8 1958

VS MAR 18 1960

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 .....
Student Embalmer

Signed Earl Fentress

Licensed Embalmer No. 3385

P. O. Address Hazlehurst Ga

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 this body is not embalmed, fact should be so stated above.