

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

25480

State File No. _____

FILED JUL 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>3034</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>HIGGINSVILLE</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>HIGGINSVILLE</u> <u>0541</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>213 W. 15TH ST.</u>				d. STREET ADDRESS (If rural, give location) <u>213 W. 15TH ST.</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u>		b. (Middle) <u>W.</u>		c. (Last) <u>ALBERSWERTH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 1 16 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT. 20 1888</u>		9. AGE (In years last birthday) <u>64</u>	If UNDER 1 YEAR: Months <u>9</u> Days <u>16</u> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BRICK MANUFACTURING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BRICK MANUFACTURING</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>FREDRICK ALBERSWERTH</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA K. ROHLFING</u>		14. NAME OF HUSBAND OR WIFE <u>LOUISE MARIE ALBERSWERTH</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>495-01-1531</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CARL H. ALBERSWERTH</u> ADDRESS <u>HIGGINSVILLE</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Glomerulonephritis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>Years</u> _____							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>592X</u> YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>52</u> , to <u>July 16</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>July 15</u> , 19 <u>53</u> and that death occurred at <u>4:20 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter Koppelman M.D.</u> (Degree or title) <u>023b. ADDRESS</u> <u>Higginsville, Mo.</u>				23c. DATE SIGNED <u>July 18, 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 19, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EVANGELICAL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HIGGINSVILLE MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>July 21-1953</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Baker</u> ADDRESS <u>Higginsville</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 31 1959

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.

Signed.....

Forest H. Rickha

Signed.....

Student Embalmer

Licensed Embalmer No. *4284*

P. O. Address *Higginsville*

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.