

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36661**

FILED NOV 21 1955

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 21	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY HENRY		b. CITY (If outside corporate limits, with RURAL and give town(ship)) CLINTON		a. STATE MO.		b. COUNTY HENRY	
c. LENGTH OF STAY (In this place) 3 DAYS		c. CITY OR TOWN CLINTON		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		e. STREET ADDRESS (If rural, give location) 209 SO. WATER ST.	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) CAROLINE		b. (Middle) L.		c. (Last) ALBIN		NOV. 16, 1955	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH NOV. 3, 1877	
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY -		9. AGE (In years last birthday) 78 Months 0 Days 13 Hours 0 Min.	
11. BIRTHPLACE (City and State or Foreign Country) TIPTON, INDIANA		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME WM R. SMITH			
13b. MOTHER'S MAIDEN NAME MARY E. GREEN		14. NAME OF HUSBAND OR WIFE LOUIE B. ALBIN		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'S SIGNATURE OR NAME Louie B. Albin				ADDRESS 209 S. Water Clinton, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH 2 days			
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES DUE TO (b) Chronic Myocarditis			
II. OTHER SIGNIFICANT CONDITIONS				DUE TO (c) 4-7 years			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 11/13/1955 , to 11/16/1955 , that I last saw the deceased alive on 11/16/1955 , and that death occurred at 3:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. R. S. Hallenquart M.D.				23b. ADDRESS Clinton Mo		23c. DATE SIGNED 11/17/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 18, 1955		24c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD CEM.		24d. LOCATION (City, town, or county) (State) CLINTON, MO.	
DATE REC'D BY LOCAL REG. 11-17-55		REGISTRAR'S SIGNATURE Mildred Bigum		521-25. FUNERAL DIRECTOR'S SIGNATURE W. J. Tansant		ADDRESS Clinton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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, ~~by~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *H. A. Vansant*.....

Licensed Embalmer No. *371*

P. O. Address *Clinton*

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.