

FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15889

State File No.

BIRTH NO.		REG. DIST. NO. <u>76</u>		PRIMARY REG. DIST. NO. <u>4140</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eugene</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Eugene</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>CHARLES HENRY ALBERTSON</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>May 13, 1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 26, 1885</u>	
9. AGE (In years last birthday) <u>70</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 2 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Prison Guard</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) <u>Miller Co., Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>William T. Albertson</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Spalding</u>			
14. NAME OF HUSBAND OR WIFE <u>Ida Belle Albertson</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			
16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME <u>Brice Albertson</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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot Gun Wound</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Heart and Chest</u> 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				19. DATE OF OPERATION <u>5-13-56</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>				21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Eugene, Missouri, Cole Co.</u>			
21c. HOW DID INJURY OCCUR? <u>No 12 Gauge Shotgun</u>				22. I hereby certify that I attended the deceased from <u>5-13-56</u> , 19 <u>56</u> , and that death occurred at <u>about 10:30 a.m.</u> , from the causes, and on the date stated above.			
23a. SIGNATURE <u>Brice Albertson</u>				23b. ADDRESS <u>739 Marshall</u>			
23c. DATE SIGNED <u>May 15-56</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>May 15-56</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Eugene Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Eugene, Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis W. Phillips</u>			
25. ADDRESS <u>Adrian</u>				DATE REC'D BY LOCAL REG. <u>16 May 1956</u>			
REGISTRAR'S SIGNATURE <u>R. P. Dorris</u>				26. ADDRESS <u>Adrian</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Louis D. Phillips, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Louis D. Phillips

Licensed Embalmer No....3662

P. O. Address.....Eldon.....

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.