

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017940

STATE FILE NUMBER

FILED MAY 26 1958

Registration District No. 139

Primary Registration District No. 3023

Registrar's No. 799

300
1-57

6422
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE mo b. COUNTY HENRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Clinton 422 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 701 E Franklin Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 701 E Franklin Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last ELLA IORA ALBIN			4. DATE OF DEATH Month Day Year MAY 17 1958
5. SEX FEM	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/23/1873
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months 11 Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY HENRY Co mo	10c. CITIZEN OF WHAT COUNTRY? USA
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME JACOB Y. PARKS		13b. MOTHER'S MAIDEN NAME FRANCIS E. GARLAND	
14. NAME OF HUSBAND OR WIFE CHARLEY 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 Charley Albin Address Clinton mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic vascular nephritis DUE TO (b) Chronic Cardio-Renal DUE TO (c) 442X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Parkinson's disease			INTERVAL BETWEEN ONSET AND DEATH 6 mo. 2 yrs
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		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 1-19-55 to 5-17-58 and last saw ^{her} _{him} alive on 2-13-58 Death occurred at 1006 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) S. B. Hughes M.D. O		22b. ADDRESS Clinton, Mo.	
		22c. DATE SIGNED 5-19-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/19/1958	
23c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD CEM		23d. LOCATION (City, town, or county) (State) Clinton mo	
24. FUNERAL DIRECTOR J. E. Condon ADDRESS Clinton mo		25. DATE RECD. BY LOCAL REG. 5-19-58	
		26. REGISTRAR'S SIGNATURE Waldred Bigum	

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 *J. E. Lonsdale*

Licensed Embalmer No. *1891*

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.