

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0010194

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 99

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 3 1967

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Length of stay in 1b <u>18 months</u>	c. CITY OR TOWN <u>Clinton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clinton General Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>703 E. Green St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>KENNETH</u> Middle <u>GEORGE</u> Last <u>ALBERSON</u>			4. DATE OF DEATH Month <u>March</u> Day <u>28</u> Year <u>1967</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/16/30</u>
9. AGE (last birthday) <u>37</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Civil Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture Department of</u>	11. BIRTHPLACE (City and state or country) <u>Cabot, Arkansas</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>James Frank Alberson</u>	
13b. MOTHER'S MAIDEN NAME <u>Florence I. Berrier</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Alice Alberson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>Not known</u>		16. SOCIAL SECURITY NO. <u>525-58-3979</u>	17. INFORMANT <u>Minnie Alberson, Clinton, Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute coronary obstruction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
DUE TO (b) <u>Coronary artery heart disease</u>			<u>3-4 mo.</u>
DUE TO (c) _____			_____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 <u>Clinton, Missouri</u>	STATE <u>Missouri</u>
21. I attended the deceased from <u>3-10-67</u> to <u>3-28-67</u> and last saw ^{her} him alive on <u>3-21-67</u> Death occurred at <u>4:20 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>James O. Smith M.D.</u> (Degree or title)		22b. ADDRESS <u>Clinton, Missouri</u>	22c. DATE SIGNED <u>3-28-67</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Mar 29, 1967</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Via Air</u>	23d. LOCATION (City, town, or county) (State) <u>Las Cruces, New Mexico</u>
24. FUNERAL DIRECTOR <u>Consalus - Clinton, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>3-28-67</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>

APR 6 1967
APR 7 1967

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 Eugene R. Conner

Licensed Embalmer No. 4680

P. O. Address Clinton, MO

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.

Permit obtained 3-28-69 (M)