**FILED** JAN 22 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE – MISSOURI DIVISION OF HEALTH

(PHYSICIAN OR CORONER)

# CERTIFICATE OF DEATH

124

STATE FILE NUMBER

69-000169

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 40

DO NOT WRITE ON THIS STUB

| | |
|---|---|
| 9. | 1 |
| 10a. | 76 |
| 10b. | |
| 11. | 0 |
| 12. | 1 |
| 13. | 208X |
| 14. | |
| 15. | 4 |
| 16. | |
| 17. | |
| 18. | 0 |
| 19. CREDITS | |
| 20. | 3-0 |

VS 300 Rev. 1/68

4. 0109

5. 02

**DECEASED**

1. DECEASED—NAME: Elizabeth Toler Albin
2. SEX: F
3. DATE OF DEATH (MONTH, DAY, YEAR): JAN 19 1969
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY): White
5a. AGE—LAST BIRTHDAY (YEARS): 76
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): 12-29-92
7a. COUNTY OF DEATH: BOONE
7b. CITY, TOWN, OR LOCATION OF DEATH: Columbia
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): University of Missouri Medical Center
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Missouri
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): John Albin
12. SOCIAL SECURITY NUMBER: Unknown
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): housewife
13b. KIND OF BUSINESS OR INDUSTRY:

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0681

14a. RESIDENCE—STATE: Missouri
14b. COUNTY: Moniteau
14c. CITY, TOWN, OR LOCATION: California
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
14e. STREET AND NUMBER: 204 S. Oak

**PARENTS**

15. FATHER—NAME (FIRST, MIDDLE, LAST): Jack Toler
16. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): Wood

17a. INFORMANT—NAME: Univ. of Mo Medical Records
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 801 Stadium Road Columbia Mo 65201

**CAUSE**

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18 IMMEDIATE CAUSE
(a) Acute myelogtic leukemia — 14 days
DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(b) Polycythemia rubra vera — 11 years
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Probable acute myocardial infarction

19a. AUTOPSY (YES OR NO): NO
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
20b. DATE OF INJURY (MONTH, DAY, YEAR):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
20e. INJURY AT WORK (SPECIFY YES OR NO):
20f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.) (SPECIFY):
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

**CERTIFIER**

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR) 1-18-69 TO (MONTH, DAY, YEAR) 1-19-69 (21a, 21b). AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 1 19 69 (21c). I DID/DID NOT VIEW THE BODY AFTER DEATH. (21d) DID. DEATH OCCURRED (HOUR) 12:50A.M. (21e). AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH: M. (22a). THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR) (22b).

23a. CERTIFIER—NAME (TYPE OR PRINT): Hugh J. Lundman, M.D.
23b. SIGNATURE: Hugh J. Lundman, M.D.
DEGREE OR TITLE:
DATE SIGNED (MONTH, DAY, YEAR): 1-19-1969
23d. MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Medical Center Stadium Road Columbia, Mo. 65201

**BURIAL**

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY—NAME: Masonic Cemetery
24c. LOCATION (CITY OR TOWN, STATE): Clarksburg Mo.
24d. DATE (MONTH, DAY, YEAR): Jan. 21, 1969
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Bowlin Funeral Home - 1005 Oak - California, Mo 65018
25b. FUNERAL DIRECTOR—SIGNATURE: Jack M Bowlin
26a. REGISTRAR—SIGNATURE: Mona B. E. Parkinson
26b. DATE RECEIVED BY LOCAL REGISTRAR: JAN 19 1969

Type or print in PERMANENT BLACK INK. See handbook for instructions.

DEC 31 1969

**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 Jack W Hawkins

Licensed Embalmer No. 4933

P. O. Address California, 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.