

FILED SEP 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31332

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 5936		Registrar's No. 321	
1. PLACE OF DEATH a. COUNTY <i>Pettis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Pettis</i>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <i>Rural Smithton</i> )		c. LENGTH OF STAY (In this place) <i>since birth</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Smithton</i>		80	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>none</i>				d. STREET ADDRESS (If rural, give location) <i>1/2 miles east &amp; north Smithton</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>EARL</i>		b. (Middle) <i>A</i>		c. (Last) <i>ALBERS</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 17 - 1949</i>	
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>Jan 5 - 1888</i>	
9. AGE (In years) (last birthday) <i>66</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) <i>Retired farmer</i>		11. BIRTHPLACE (State or foreign country) <i>Pettis Co MO</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13a. FATHER'S NAME <i>Gabe Albers</i>		13b. MOTHER'S MAIDEN NAME <i>Edith Knox</i>		14. NAME OF HUSBAND OR WIFE <i>Edith</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Elmer Albers</i> ADDRESS <i>Denver</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis, gen</i> 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  <i>331X</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <i>6 AM</i> , 1947, to <i>17 Sept</i> , 1949, that I last saw the deceased alive on <i>14 Sept</i> , 1949, and that death occurred at <i>2:30 PM.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>P. S. Siegel</i>				23b. ADDRESS <i>Smithton Mo</i>		23c. DATE SIGNED <i>29 Sept 49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Sept 20 - 49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Smithton</i>		24d. LOCATION (City, town, or county) (State) <i>MO</i>	
DATE REC'D BY LOCAL REG. <i>9/21/49</i>		REGISTRAR'S SIGNATURE <i>Betty Yeager</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>A. F. Neeneyer</i>		ADDRESS <i>Smithton MO</i>	

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

60  
60  
60

RECEIVED SEP 27  
District Health Officer No. 3  
District File Number \_\_\_\_\_  
Date Filed 9-28-49

**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 \_\_\_\_\_  
Student Embalmer

Signed A. F. Neuneger

Licensed Embalmer No. 3912

P. O. Address Smithton 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 this body is not embalmed, fact should be so stated above.