

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3802

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 206

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Buchanan   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)<br>a. STATE Missouri b. COUNTY Buchanan |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township) St. Joseph |  | c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph  |  |
| c. LENGTH OF STAY (In this place) 76 days   |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General D.O. Hospital                           |  | d. STREET ADDRESS (If rural, give location) 6716 Mack St.  |  |

|                                     |                 |                |                 |   |
|-------------------------------------|-----------------|----------------|-----------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) LULA | b. (Middle) D. | c. (Last) ALBAN | 4. DATE OF DEATH (Month) 2 (Day) 26 (Year) 1951 |
|-------------------------------------|-----------------|----------------|-----------------|---|

|               |                        |  |                            |  |
|---------------|------------------------|--|----------------------------|--|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married | 8. DATE OF BIRTH 1-30-1881 | 9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months IF UNDER 24 HRS. Hours IF UNDER 24 MIN. Min. |
|---------------|------------------------|--|----------------------------|--|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Graham, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
|---|--|--|----------------------------------|

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME Christopher Westfall | 13b. MOTHER'S MAIDEN NAME Amelia Stark | 14. NAME OF HUSBAND OR WIFE George Alban |
|---|--|--|

|   |                              |   |         |
|---|------------------------------|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type no. or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME George Alban, 6716 Mack St., City | ADDRESS |
|---|------------------------------|---|---------|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage   |  | INTERVAL BETWEEN ONSET AND DEATH<br>10 Day<br>?<br>331X |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Arteriosclerosis |  |   |
|   | DUE TO (c)   |  |   |
| 11. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | 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 2-16, 1951, to 2-26, 1951, that I last saw the deceased alive on 2-26, 1951, and that death occurred at 4:50 A.M., from the causes and on the date stated above.

|   |                   |   |                          |
|---|-------------------|---|--------------------------|
| 23a. SIGNATURE Clifford K. Steadley, D.O. | (Degree or title) | 23b. ADDRESS 801 1/2 Francis St. Joseph | 23c. DATE SIGNED 2-26-51 |
|---|-------------------|---|--------------------------|

|  |                     |   |   |
|--|---------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2-28-1951 | 24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. | 24d. LOCATION (City, town, or county) (State) Graham, Mo. |
|--|---------------------|---|---|

|                                       |                                     |   |                         |
|---------------------------------------|-------------------------------------|---|-------------------------|
| DATE REC'D BY LOCAL REG. Feb 27, 1951 | REGISTRAR'S SIGNATURE Carl C. Casco | 25. FUNERAL DIRECTOR'S SIGNATURE John C. Rupp | ADDRESS St. Joseph, Mo. |
|---------------------------------------|-------------------------------------|---|-------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 29 1961

NOV 29 1961

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, John E. Rupp

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....  
*John E. Rupp*  
Licensed Embalmer No. 3986

P. O. Address.....

*St. Joseph, 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.