

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17035

FILED MAY 16 1951

State File No. 108  
Registrar's No. 108

BIRTH NO.		REG. DIST. NO. 157	PRIMARY REG. DIST. NO. 3028
1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. CITY (If outside corporate limits, write RURAL and give township) "Rural" Marion 0490	
c. LENGTH OF STAY (In this place) 9 Days		d. STREET ADDRESS (If rural, give location) Route #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hospital			
3. NAME OF DECEASED (Type or Print)		a. (First) Marion	b. (Middle) - - -
		c. (Last) ALBERT	4. DATE OF DEATH (Month) (Day) (Year) May 4, 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 13, 1878
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman on R.R.	11. BIRTHPLACE (State or foreign country) 9
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY - - -	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Geo. Albert		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown
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. 500 0904181	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Jack Guinn Carthage, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Kidney Left ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) With Metastases to Left Lung DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 180x	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) (Minute)	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 3-18, 1951, to May 4, 1951, that I last saw the deceased alive on May 4, 1951, and that death occurred at 9:00A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. D.		23b. ADDRESS Carthage, Mo.	23c. DATE SIGNED 5-7-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-5-1951	24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery	24d. LOCATION (City, town, or county) (State) N.E. of Carthage, Mo.
DATE REC'D BY LOCAL REG. 5-7-51	REGISTRAR'S SIGNATURE J.B. Clinton, No. 239	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home Carthage, Mo.	

mem  
049330

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

RECEIVED 5-15-51

Jasper County Health Office

County File Number 51/5/397

Date Filed 5-15-51

APR 28 1954

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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

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

Signed \_\_\_\_\_  
*Chas. C. Dugh.*

Licensed Embalmer No. 4731

P. O. Address Carthage, 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.