

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33064

FILED OCT 23 1951

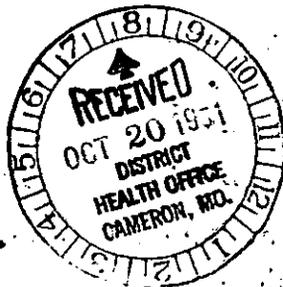
State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>5370</u>		Registrar's No. <u>86</u>	
1. PLACE OF DEATH a. COUNTY <u>Daviess</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union Township</u>		c. LENGTH OF STAY (In this place) -----		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gallatin,</u>		0310	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 Mi. South Gallatin, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Serving U.S. Army</u> <u>Kansas</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LeRoy</u>			b. (Middle) <u>David</u>			c. (Last) <u>Albrecht</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 6 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Apr. 2 1928</u>		9. AGE (In years last birthday) <u>23</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Mo. State Highway Dept.</u>		11. BIRTHPLACE (State or foreign country) <u>Daviess County, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Daviess County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Albrecht</u>			13b. MOTHER'S MAIDEN NAME <u>Leora Jones</u>			14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1/28/46 to 10/26/49</u>		16. SOCIAL SECURITY NO. <u>488-22-6742</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Albrecht, Gallatin, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Fractures Skull</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>Sustent</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>E8161</u>  <u>131 26</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify): <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, hotel, etc.) <u>Highway 12 2 mi S Gallatin</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Daviess Mo.</u>			
21d. TIME OF INJURY <u>Oct 6 1951 11:30 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car - Truck Collision</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Sept 4 1951</u> , and that death occurred <u>about 11:30 PM</u> causes and on the date stated above.							
23a. SIGNATURE <u>Floyd E. Nelson, Coroner</u>				23b. ADDRESS <u>Gallatin, Mo.</u>		23c. DATE SIGNED <u>10-8-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-8-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brown Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gallatin, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>19 Oct. 1951</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Engelhart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. O. Hesser</u>		ADDRESS <u>Hope Funeral Home, Gallatin, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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33



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. ....

Signed *L.O. Richesson*

Signed.....

Student Embalmer

Licensed Embalmer No. *3302*

P. O. Address *Dallatin, 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.