

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Springfield</u> )		c. LENGTH OF STAY (in this place) c. CITY OR TOWN <u>Springfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1614 Benton Ave.</u>		e. STREET ADDRESS (If rural, give location) <u>1614 Benton Avenue</u> <u>03960</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ALFRED</u>	b. (Middle) <u>S.</u>	c. (Last) <u>ALBERTY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 13, 1954</u>
-------------------------------------	--------------------------	-----------------------	--------------------------	---

5. SEX <u>Male</u>	6. COLOR (OR RACE) <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>21 February 1885</u>	9. AGE (In years last birthday) <u>67</u>	<input type="checkbox"/> UNDER 1 YEAR Months	<input type="checkbox"/> UNDER 6 HRS. Days	<input type="checkbox"/> Hours	<input type="checkbox"/> Min.
--------------------	---------------------------------	---	--	---	--	--	--------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shopman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	--	---

13a. FATHER'S NAME <u>Myron Alberty</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Jameson</u>	14. NAME OF HUSBAND OR WIFE <u>Leona Alberty</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Yes</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frank C. Alberty</u> ADDRESS <u>Springfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</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) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Paralysis agitans</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>491 X</u>	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) (Min.)	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 Nov, 1953, to Jan, 1954, that I last saw the deceased alive on Jan 13, 1954, and that death occurred at 11:27 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. Dean Cunningham, M.D.</u>	23b. ADDRESS <u>1715 Boonville Springfield, Mo.</u>	23c. DATE SIGNED <u>1-16-54</u>
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-16-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>1-18-54</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. KLINGNER &amp; CO.</u> ADDRESS <u>Springfield, Mo.</u>
---	---	---

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

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.....  
*Ogle Stone*

Licensed Embalmer No. 41

P. O. Address *Spring*

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.