

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

7989

State File No.

BIRTH NO. FILED MAR 23 1954 REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 4080 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Norborne</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Norborne</u>	
c. LENGTH OF STAY (In this place) <u>51 Years</u>		d. STREET ADDRESS (If rural, give location) <u>106 west forth street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>106 west forth Street</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>0170</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Albrecht</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>March 15, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct. 3, 1876</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Days Labor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>St. Charles County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. a.</u>
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13a. FATHER'S NAME <u>Joseph Albrecht</u>	13b. MOTHER'S MAIDEN NAME <u>Otila Link</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. St. L. Larris Norborne ma.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocardial Degeneration</u>		<u>?</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Atherosclerosis Diffuse</u>		<u>?</u>
	DUE TO (c) <u>Essential Hypertension</u>		<u>?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Lentils, Cilantro</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>443X</u>
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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?
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22. I hereby certify that I attended the deceased from 8-5, 1952, to 8-15, 1954, that I last saw the deceased alive on 3-15, 1954, and that death occurred at 11:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph H. Hasbell M.D.</u>	23b. ADDRESS <u>Norborne Mo.</u>	23c. DATE SIGNED <u>3-16-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 17, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Norborne Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mch 16-1954</u>	REGISTRAR'S SIGNATURE <u>Eileen Pennington</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Deitch</u>	ADDRESS <u>Norborne Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John G. Deitch

Licensed Embalmer No. 3654

P. O. Address Norbone 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.