

FILED JUL 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20024

State File No.

890 - 1

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

BIRTH NO. _____ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 4448 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lawson</u>		c. CITY OR TOWN <u>Lawson</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>6 years</u>		e. STREET ADDRESS (If rural, give location) <u>Street not listed</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Street not listed</u>			
3. NAME OF DECEASED a. (First) <u>Altha</u>		b. (Middle) <u>Albright</u>	
c. (Last) <u>Albright</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 29, 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (8 months) <u>Widowed</u>	8. DATE OF BIRTH <u>November 4, 1878</u>
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County, Missouri, U.S.A.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>James W. Hunt</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Seaman</u>	
14. NAME OF HUSBAND OR WIFE <u>George P. Albright</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Raymond Grove Lawson</u>		ADDRESS <u>7230</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cholangitis (obstructive) & Cardiac Failure</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hepatitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
DUE TO (c) <u>Chronic Hypertrophic Obstructive</u>		<u>12-15 yrs.</u>	
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	
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) <u>Lawson Ray Mo.</u>			
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 <u>1940</u> , to <u>June 29, 1954</u> , that I last saw the deceased alive on <u>June 29, 1954</u> , and that death occurred at <u>8:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert D. Duesler M.D.</u>		23b. ADDRESS <u>Lawson Mo.</u>	
23c. DATE SIGNED <u>7/6/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 2, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ray County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 6, 1954</u>		REGISTRAR'S SIGNATURE <u>Mrs. Raymond Grove</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard M. Missouri</u>		ADDRESS <u>2455 1/2 E. FUNERAL HOME</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *[Handwritten Signature]*.....

Licensed Embalmer No. *406*.....

P. O. Address *[Handwritten Address]*.....

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.