

FILED JAN 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41740**

BIRTH NO. _____ REG. DIST. NO. **211** PRIMARY REG. DIST. NO. **4324** Registrar's No. **37-54**

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tuscumbia		c. CITY OR TOWN Eldon	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) 4 days		e. STREET ADDRESS (If rural, give location) 06610	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Humphrey's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) _____ c. (Last) Albertson			4. DATE OF DEATH (Month) (Day) (Year) 12/23/54		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) never married	8. DATE OF BIRTH April 15, 1875	9. AGE (In years last birthday) 79	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Iberia, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Albertson	13b. MOTHER'S MAIDEN NAME. Mary Crain	14. NAME OF HUSBAND OR WIFE no
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gadie Aust Iberia, Missouri

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 6 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Decompensating		
	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.			

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) 4222
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?

22. I hereby certify that I attended the deceased from **Jan. 27, 1954**, to **Dec. 23, 1954**, that I last saw the deceased alive on **Dec. 23, 1954**, and that death occurred at **9:58a.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. E. Humphrey D.O.	23b. ADDRESS Tuscumbia, Mo.	23c. DATE SIGNED 12-28-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/28/54	24c. NAME OF CEMETERY OR CREMATORY Bilyeu Cemetery
		24d. LOCATION (City, town, or county) (State) Miller County, Missouri

DATE REC'D BY LOCAL REG. Dec. 29-1954	REGISTRAR'S SIGNATURE 391- Mrs. Richard L. Wright	25. FUNERAL DIRECTOR'S SIGNATURE Walter B. Ridge ADDRESS Hedges Funeral Homes, Iberia, Mo.
---	---	---

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

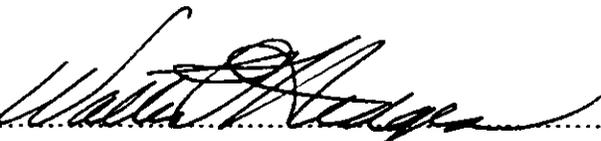
660
0

DEC 30 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4265.....

P. O. Address Iberia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.