

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

**15866**

State File No. ....

**FILED MAY 28 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **164**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Cole</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Clark Township RFD 20</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>9 miles South 54 Highway</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Fredrick</b>	b. (Middle) <b>Henry</b>	c. (Last) <b>Alberthal</b>	<b>4. DATE OF DEATH</b> (Month) <b>May</b> (Day) <b>21</b> (Year) <b>1956</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>March 6, 1893</b>	<b>9. AGE</b> (In years) <b>63</b> Last birthday	<b>10. MONTHS</b> <b>2</b>	<b>11. DAYS</b> <b>15</b>	<b>12. HOURS</b>	<b>13. MIN.</b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Clerk</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Central Hotel</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Fredrickburg, Texas</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Charles Alberthal</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Emily Herber</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Edith Alberthal</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes or unknown) <b>Yes</b>	<b>16. SOCIAL SECURITY NO.</b> <b>490-09-5777</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Edith Alberthal RFD2 Jefferson/</b>	<b>18. ADDRESS</b> <b>Cole</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 days</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Pulmonary hemorrhage</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Crushing injury to chest</b> <b>Ruptured lung. Multiple broken ribs + 8 fractures</b> DUE TO (c) <b>8 hours</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>Accident near home</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>near home</b>	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <b>Jefferson City</b> (COUNTY) <b>Cole</b> (STATE) <b>Mo.</b>
<b>21d. TIME OF INJURY</b> (Month) <b>May</b> (Day) <b>19</b> (Year) <b>1956</b> (Hour) <b>6:35 A.M.</b>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR</b> <b>Car wreck</b>

**22. I hereby certify that I attended the deceased from May 19, 1956, to May 21, 1956, that I last saw the deceased alive on May 21, 1956, and that death occurred at 8:20 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>William A Cox MD</b>	(Degree or title)	<b>23b. ADDRESS</b> <b>125 E High St. Jefferson City</b>	<b>23c. DATE SIGNED</b> <b>May 28, 1956</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>May 24 1956</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Riverview Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) <b>Jefferson City, Mo.</b> (State) <b>Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>25 May 1956</b>	<b>REGISTRAR'S SIGNATURE</b> <b>R. J. Harris MD-MR.</b>	<b>25. FUNERAL HOME OR RECEPTION SIGNATURE</b> <b>Victor Beachy JCMO</b>	<b>ADDRESS</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

64

680

MAY 27 1956

MAY 27 1956

MAY 31 1956

FEB 19 1957

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 .....  
Student Embalmer

Student Embalmer No. ....

Signed *Victor Buescher*

Licensed Embalmer No. *3701*

P. O. Address *Jefferson City*

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.