

23054

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 30 1956

BIRTH NO.		REG. DIST. NO. <u>56</u>	PRIMARY REG. DIST. NO. <u>5193</u>	Registrar's No. <u>6</u>
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 town) <u>Rural Egypt</u>	c. LENGTH OF STAY (In this place) <u>Lifetime</u>	c. CITY OR TOWN <u>Norborne</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Miles south Norborne</u>		e. STREET ADDRESS (If rural, give location) <u>Norborne, Route 3</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>		b. (Middle) <u>Virgil</u>	c. (Last) <u>Albrecht</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 25/1956</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>March 25/1913</u>	9. AGE (In years - last birthday) <u>43</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Own Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Norborne Carroll County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Tony Albrecht</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Wagner</u>	14. NAME OF husband WIFE <u>Viola Albrecht</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-42-2821</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Viola Albrecht Norborne 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhagic - pulmonary</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial carcinoma</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>8 mo.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>163x</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) 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 <u>Dec 1955 to 25 July, 1956</u> , that I last saw the deceased alive on <u>23 July, 1956</u> and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>E W Allen</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Canolton Mo</u>		23c. DATE SIGNED <u>27 July 56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 27/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>East Norborne Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 27-1956</u>	REGISTRAR'S SIGNATURE <u>Eileen Penniston</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John S. Deitch Jr. Norborne Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 480170
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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 *by me*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John G. Deitch, Jr.*.....

Licensed Embalmer No. *479*

P. O. Address *Norfolk*.....

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.