

FILED MAR 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 5110

7623-57

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 81

Health, Welfare, Public Service
300
-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes, unless the death is due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL-OR INSTITUTION Indep. Sanit&Hosp		Length of stay in lb 4 da.	d. STREET ADDRESS 3029 Norton		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Marlys Marie Albright			4. DATE OF DEATH Month Day Year Feb. 20, 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 16, 1957	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Independence, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Wayne Albright			14. MOTHER'S MAIDEN NAME Mildred M. Scavill		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Wayne Albright, Independence, Missouri		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congenital heart disease - Stenosis of aortic valve</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH 4 days
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	7544				
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <i>Feb 16, 1957</i> to <i>Feb 20, 1957</i> and last saw ^{her} him alive on <i>Feb 20, 1957</i> Death occurred at <i>11:30 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deputy or title) <i>R. B. Bugh, MD</i>		22b. ADDRESS <i>317 W. Kansas - Independence</i>		22c. DATE SIGNED <i>2/21/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-22-1957	23c. NAME OF CEMETERY OR CREMATORY <i>md. Grove Cem.</i>	23d. LOCATION (City, town, or county) <i>Independence Mo.</i>		
24. FUNERAL DIRECTOR ADDRESS George C. Carson, Independence, Missouri		25. DATE RECD. BY LOCAL REG. <i>2-22-57</i>	26. REGISTRAR'S SIGNATURE <i>James K. ...</i>		

(Licensed Embalmer's Statement on Reverse Side)

MAR 4 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harold E. Keady*

Licensed Embalmer No. *46*

P. O. Address *Indigo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.