

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED MAR 20 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 989

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Michigan</i> b. COUNTY <i>Lansing</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City 3</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Flint 42108</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <i>Gen Hosp D.O.A</i>			Length of stay in lb <i>3 DAYS</i>	d. STREET ADDRESS (If outside, give location) <i>3112 Procter</i>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>VERN GRANT ALBEE</i>				4. DATE OF DEATH Month <i>3</i> - Day <i>2</i> - Year <i>57</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Oct 31 1908</i>		9. AGE (In years last birthday) <i>46.48</i>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Experimental worker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>auto mfg.</i>		11. BIRTHPLACE (City and state or county) <i>Saginaw County Mich</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Monte Albee</i>				14. MOTHER'S MAIDEN NAME <i>Nancy Poag</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>368-05-8090</i>		17. INFORMANT <i>Helen Albee 3112 Procter Flint Mich</i>			
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>Coronary thromboses</i> DUE TO (b) <i>arteriosclerotic heart disease</i> DUE TO (c) _____ 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 <i>42nd</i>
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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Dw C Kealhofer</i>				22b. ADDRESS <i>6627 Procter</i>		22c. DATE SIGNED <i>3-3-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REM</i>	23b. DATE <i>3-7-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>FLINT MEMORIAL PARK</i>		23d. LOCATION (City, town, or county) (State) <i>FLINT, MICHIGAN</i>			
24. FUNERAL DIRECTOR <i>SEBBETO'S</i>		ADDRESS <i>K.C. Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>3-3-57</i>		26. REGISTRAR'S SIGNATURE <i>Irene Minshall</i>	

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Geo. C. Kealhofer

MEDICAL CERTIFICATION

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 *Forrest D. Coldenow*.....

Licensed Embalmer No. *471*.....

P. O. Address *K. S. Me*.....

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.