

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019334

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 58

S. 300
1-57
891

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Richmond</u> ⁸⁹⁹
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>404 N. Thornton</u>		Length of stay in lb <u>2 years</u>	d. STREET ADDRESS (If outside, give location) <u>404 N. Thornton</u>

3. NAME OF DECEASED (Type or print) First <u>LAURA</u> Middle Last <u>ALBERS</u>			4. DATE OF DEATH Month <u>May</u> Day <u>30</u> , Year <u>1958</u>	
---	--	--	---	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 19, 1886</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
-------------------------	----------------------------------	---	--	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Norton, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	-----------------------------------	---	--

13a. FATHER'S NAME <u>H.C. Rodgers</u>		13b. MOTHER'S MAIDEN NAME <u>Rhodie Stanfield</u>		14. NAME OF HUSBAND OR WIFE <u>Clinton Albers</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>426-18-6919</u>	17. INFORMANT Address <u>Clinton Albers, Richmond, Mo.</u>	
--	---	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Acute congestive failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arterio sclerotic heart disease</u>		<u>unknown</u>
	DUE TO (c) <u>Generalized arterio sclerosis</u>		<u>unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4200</u>	
--	---	--

20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> , Year <u></u> g.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT <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 <u>May 27, 1958</u> to <u>May 30, 1958</u> and last saw her alive on <u>May 27, 1958</u> Death occurred at <u>5:00 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
--	--

22a. SIGNATURE (Degree or title) <u>H. C. Johnson</u>	22b. ADDRESS <u>0 Richmond, Mo.</u>	22c. DATE SIGNED <u>6/2/58</u>
--	--	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-1-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Warrensburg Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri</u>
--	------------------------------	---	---

24. FUNERAL DIRECTOR <u>Thomas J. Carter, Richmond, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6-4-1958</u>	26. REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>
--	---	--

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Wed, 4th

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 *Thomas J. Carter*

Licensed Embalmer No. *4474*

P. O. Address *Richmond, 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.