Health, & Welfare Public Service

S. 300 1-57 4

FILED JUL 30 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025310
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3435

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Roanoke Nursing Home — Length of stay in 1b 38 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [XX] No [ ]
d. STREET ADDRESS 3910 Clark St. (If outside, give location) — Reside on Farm Yes [ ] No [XX]

3. NAME OF DECEASED (Type or print): First GEORGE Middle H. Last ALBRIGHT

4. DATE OF DEATH Month July Day 10th Year 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]

8. DATE OF BIRTH 10-28-1879

9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Federal Meat Inspector

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Oliver Albright

13b. MOTHER'S MAIDEN NAME Elizabeth Hoffmann

14. NAME OF HUSBAND OR WIFE Helen Albright

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. Emil Baptiste, Address Teaneck, N. J.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 15 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 15 Mo.
DUE TO (c) — 331X
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 [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 12-3-57 to 7-10-58 and last saw ~~her~~ him alive on ~~7-7-58~~ 7-10-
Death occurred at ~~12-10-58~~ 6 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M F Sewell (Degree or title) MD

22b. ADDRESS 1722 W 39 K.C. Mo

22c. DATE SIGNED 7-10-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 7-16-58

23c. NAME OF CEMETERY OR CREMATORY Malta Bend Cemetery

23d. LOCATION (City, town, or county) Malta Bend (State) Mo.

24. FUNERAL DIRECTOR FREEMAN MORTUARY, ADDRESS Kansas City, Mo.

25. DATE RECD. BY LOCAL REG. 7-15-58

26. REGISTRAR'S SIGNATURE Neva Meinshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

M. F. Sewell

1722 W. 39TH ST.
VA.1-5883 (OVER DRUGSTORE)
THURS. 1-5 P.M.

(2)

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address K. C. 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.