

Health, Welfare Public Service

XC-361 973
SL 3793

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045356
STATE FILE NUMBER
12036

FILED DEC 22 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 12036

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. CITY OR TOWN JEFFERSON CITY ⁰²⁶⁴ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 VET. ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) 219 (R) ATCHISON	
3. NAME OF DECEASED (Type or print) First Middle Last JESSIE ALBERTSON		4. DATE OF DEATH Month Day Year DECEMBER 13, 1958	
5. SEX MALE ⁰	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/29/88
9. AGE (In years last birthday) 70		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) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) TUSCUMBIA, MISSOURI ⁰
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOHN ALBERTSON	
13b. MOTHER'S MAIDEN NAME MARY CRANE		14. NAME OF HUSBAND OR WIFE - - - - -	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW-1		16. SOCIAL SECURITY NO. NONE	17. INFORMANT VA HOSP. RECORDS, ST. LOUIS, MO. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SUSPECTED PULMONARY EMBOLI DUE TO (b) CONGESTIVE FAILURE DUE TO (c) OLD OR RECENT MYOCARDIAL INFARCTION 420.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS			INTERVAL BETWEEN ONSET AND DEATH 2 WKS
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		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 Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 VA		COUNTY STATE	
21. I attended the deceased from 12/11/58 to 12/13/58 and last saw him alive on 12/13/58 Death occurred at 5:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE JEREMIAH SEBERT M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 12/13/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 12/15/58		23c. NAME OF CEMETERY OR CREMATORY National Cem.	
23d. LOCATION (City, town, or county) Jefferson City, Mo		23e. (State)	
24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd.		25. DATE RECD. BY LOCAL REG. DEC 15 '58	
26. REGISTRAR'S SIGNATURE Carl Smith MO			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Harley F. Kessler Jr.*

Licensed Embalmer No. *4950*

P. O. Address *St. Louis*

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.