

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-63-005850**

STATE FILE NUMBER

Registration District No. 098 Primary Registration District No. \_\_\_\_\_ Registrar's No. 34

DO NOT WRITE ON THIS STUB

AMENDED

**FILED MAR 5 1963**

1. PLACE OF DEATH a. COUNTY <u>DAVIESS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>DAVIESS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>GALLATIN</u> Length of stay, in: 1b <u>years 1/2</u>		c. CITY OR TOWN <u>WINSTON</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>SULLIVAN NURSING</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>	

VS 300  
Rev. 4/59

DATE AMENDED

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2 0310-

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

8 2  
9 420.1  
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12 86-0  
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DOCUMENT

3. NAME OF DECEASED (Type or print) First Middle Last <u>MARTHA A. EMBS</u>			4. DATE OF DEATH Month Day Year <u>2-25-1963</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-5-1877</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>9 20</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>HAMILTON, MO</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOHN MCBRIDE</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA CLASKSON</u>	
14. NAME OF HUSBAND OR WIFE <u>MRS C.E. ALBRECH</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>		16. SOCIAL SECURITY NO. <u>LOCKSPRING MO</u>	

18. CAUSE OF DEATH (Enter only one cause per PART I: DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Probable myocardial infarct

Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) \_\_\_\_\_

DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Arthritis

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

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 Sept. 1948 to Feb. 25, 1963 and last saw her alive on Feb. 22, 1963  
Death occurred at 7:05 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) X Fred Kleiman MD 22b. ADDRESS Winston, Missouri 22c. DATE SIGNED 2/26/63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 2-27-63 23c. NAME OF CEMETERY OR CREMATORY Winston 23d. LOCATION (City, town, or county) (State) Winston MO

24. FUNERAL DIRECTOR Virginia E. Stroup ADDRESS Winston 25. DATE RECD. BY LOCAL REG. 2-27-63 26. REGISTRAR'S SIGNATURE Virginia Mangel

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

FORM NO. 10-1-1963

# 48  
Parrish Board 2-29-63 (2E)

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 Virgil D. Stoup  
Licensed Embalmer No. 4074  
P. O. Address Winston

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.