

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5778

State File No.

FILED MAR 2 1954

BIRTH NO. _____ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 4448 Registrar's No. 4

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, write RURAL and give township) OR TOWN <u>Lawson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lawson</u>	
c. LENGTH OF STAY (In this place) <u>3 wks</u>		d. STREET ADDRESS (If rural, give location) <u>0890</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) <u>ELBERT MONROE ALBERTSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 24 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>Oct. 9 1889</u>		9. AGE (In years last birthday) <u>64</u>		10. IF UNDER 1 YEAR Days <u>4</u> Hours <u>15</u> Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Lawson Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Albertson</u>		13b. MOTHER'S MAIDEN NAME <u>Delilah Albertson</u>	
13c. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mae Denton Lawson</u>		17. ADDRESS <u>Mo</u>		18. CAUSE OF DEATH	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Prostatitis</u>		3 yrs?	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		<u>611X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lawson Ray Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb 15, 1954, to Feb 24, 1954, that I last saw the deceased alive on Feb 24, 1954, and that death occurred at 1:15 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Delbert Buehner M.D.</u>		23b. ADDRESS <u>Lawson Mo.</u>		23c. DATE SIGNED <u>2/25/54</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 27 '54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lawson</u>	
				24d. LOCATION (City, town, or county) (State) <u>Lawson Mo</u>	

DATE REC'D BY LOCAL REG. <u>Feb 25, 1954</u>		REGISTRAR'S SIGNATURE <u>Mrs. Raymond Kiron Jarman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Lawson</u>	
				ADDRESS <u>Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48
0890

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

Student Embalmer

Signed _____

Ludice K. Jarman

Licensed Embalmer No. *4589*

P. O. Address *Excelsior Springs, 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 this body is not embalmed, fact should be so stated above.