

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **5684**
Registrar's No. **1025**

FILED MAR 13 1953

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| a. COUNTY Jackson | a. STATE Missouri | | b. COUNTY Jackson |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | c. LENGTH OF STAY (In this place) 20 Yrs | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City, 3078 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Campbell Nursing Home 2905 Campbell | | d. STREET ADDRESS (If rural, give location) 123 South Van Brunt Blvd. | |

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| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) Brinton | b. (Middle) Delos | c. (Last) Albright | Feb. 16 1953 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower | 8. DATE OF BIRTH Mar. 23 1864 | 9. AGE (In years last birthday) 88 | IF UNDER 1 YEAR Month Days Hours Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School teacher & Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Lawson, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |

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| 13a. FATHER'S NAME Gideon Albright | 13b. MOTHER'S MAIDEN NAME Mary Evans | 14. NAME OF HUSBAND OR WIFE Adia Albright |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virgil Loyd 123 So. Van Brunt Blvd. |

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| 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis | | 2 days |
| | ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis | | 3 mo |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arteriosclerosis | | 3 mo | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4201 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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. 1, 1947, to Feb. 16, 1953, that I last saw the deceased alive on Feb. 15, 1953, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE John K. Caldwell (Degree or title) John K. Caldwell M.D. | 23b. ADDRESS Kansas City, Mo. | 23c. DATE SIGNED 2/17/53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Feb. 19 1953 | 24c. NAME OF CEMETERY OR CREMATORY Union Cemetery |
| 24d. LOCATION (City, town, or county) (State) Near Lawson, Missouri | | |

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|---|--|---|
| DATE REC'D BY LOCAL REG. 2-18-53 | REGISTRAR'S SIGNATURE Seraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. C. L. Forster F.H. KCMo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

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0.48
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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 Raymond F. Stroman
Licensed Embalmer No. 4266

P. O. Address Kansas City 27

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.