

FILED SEP 12 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124

68 0032147

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

9. 0

10a. 79

10b.

11. 2

12. 1

13. 4/23

14.

15. 9

16.

17.

18. 0

19. CREDITS

20. 1-0

VS 300
Rev. 1/68

4. 0269

5. 3

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6. 0680

PARENTS

CAUSE

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

CERTIFIER

BURIAL

Registration District No. <u>77</u>		Primary Registration District No. <u>3016</u>		Registrar's No. <u>372</u>	
DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <u>Theodore Henry Albertin</u>			2. <u>M</u>	3. <u>Sept. 4, 1968</u>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. <u>White</u>		5a. <u>79</u>	6. <u>Sept. 24, 1888</u>		7a. <u>Cole</u>
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7b. <u>Jefferson City</u>		7c. <u>Yes</u>		7d. <u>Memorial Hospital</u>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITY OF WHAT COUNTRY		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. <u>Russia</u>		9. <u>U.S.A.</u>		10. <u>Married</u>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
11. <u>496-40-9564</u>		12a. <u>Farmer</u>		13b. <u>Same</u>	
RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	
14a. <u>Missouri</u>		14b. <u>Moniteau</u>		14c. <u>California</u>	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. <u>William Albertin</u>		16. <u>Augusta Chapotte</u>			
INFORMANT—NAME		MAILING ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. <u>Lydia Albertin</u>		17b. <u>Route #4 Calif. Mo. 65018</u>			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		19. Sudden Death			
(a) DUE TO, OR AS A CONSEQUENCE OF:		20. Arteriosclerotic Heart Disease		4-5 years	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE (a)		(b) DUE TO, OR AS A CONSEQUENCE OF:			
		(c) DUE TO, OR AS A CONSEQUENCE OF:			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO)	
				19b.	
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH				19c.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	
20a.		20b.		20c.	
HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		LOCATION		(STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
20d.		20e.		20f.	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION	
20g.		20h.		20i.	
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		MONTH DAY YEAR	
I ATTENDED THE DECEASED FROM		21a. <u>Aug. 1968</u>		21b. <u>9 4 68</u>	
21c. <u>9 4 68</u>		21d. <u>9 4 68</u>		21e. <u>9 4 68</u>	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD	
22a.		22b.		22c.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE	
23a. <u>S. S. Sanders, M.D.</u>		23b. <u>S. S. Sanders</u>		23c. <u>M.D.</u>	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN	
23d.		23e.		23f.	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION	
24a. <u>Burial</u>		24b. <u>Immanuel Lutheran</u>		24c. <u>California, Missouri</u>	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
24d. <u>Sept. 5, 1968</u>		24e. <u>Williams Funeral Home 211 S. Oak Calif. Mo 65018</u>		24f.	
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. <u>Wm. A. Woodard</u>		25b. <u>M. M. Mieser</u>		25c. <u>9-10-68</u>	

SEP 16 1961

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 _____

George A. Woodard

Licensed Embalmer No. 5172

P. O. Address Galix, 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.