

FILED SEP 29 1968

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

124 69 0038098

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

9. 0
10a. 79
10b.
11. 0
12. 1
13. 4109
14.
15. 4
16.
17.
18. 3
19. CREDITS
20. 3-0

VS 300
Rev. 1/68

4. 0680

5. 90

DECEASED

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

6. 0680

PARENTS

CAUSE

CERTIFIER

BURIAL

Registration District No. 224 Primary Registration District No. 5796 Registrar's No. 49

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. THEODORE A. ALBERS		2. male	3. Sept 25, 1969
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. white	5a. 79	6. Feb. 16, 1890	7a. Moniteau
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. California, Mo.	7c. no.	7d. 6 mi south of California, Mo.	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Mo.	9. U.S.A.	10. married	11. Sophia Deiger
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
12. 496-05-5773	13a. retired	13b. sharp	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
14a. Mo.	14b. Moniteau	14c. (RFD#) California Mo.	14d. no. RFD#1
FATHER—NAME FIRST MIDDLE LAST	MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. Herman Albers	16. Anna Presmyer		
INFORMANT—NAME	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. Mrs. T. A. Albers	17b. RFD#1, California, Mo. 65018		
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			
(a) Coronary thrombosis			5 minutes
(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)
			19a. no
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c. M.	20d.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)
21a.	21b.	21c.	21d.
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR
21a. I ATTENDED THE	21b. TO	21c. 6 25	21d. died
21a. DECEASED FROM	21b. 5	21c. 6 25	21d. died
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.			DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
22a. 9-25-1969			22b. 6 30
CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a. Kenyon Latham M.D.	23b. Kenyon Latham M.D.	23c. M.D.	23d. 9-26-69
MAILING ADDRESS—CERTIFIER	STREET OR R.F.D. NO.	CITY OR TOWN	STATE ZIP
23a.	23b.	23c. California	23d. Mo. 65018
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE
24a. funeral	24b. Masonic	24c. California	24d. Mo.
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24a. 9-28-1969	24b. Wilson Funeral Home, 1015 Oak St, California Mo. 65018		
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
25a. A. E. Wilson	25b. Florence H. Kelly	25c. Sept-27-1969	

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

OCT 14 1969

OCT 10 1969

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 A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California Me.

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.