

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0023312

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 17 Primary Registration District No. 3016 Registrar's No. 234

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0269  
2 0680

3

4 0

5 1

6

7 0

8 2

9 289.2

10

11

12 1-2

13 1-0

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

**FILED JUL 1 1966**

1. PLACE OF DEATH  
a. COUNTY **Cole**  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Jefferson City** Length of stay in 1b **6 Days**  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Charles E. Still** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **Moniteau**  
c. CITY OR TOWN **Clarksburg** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **No street numbers** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last  
**Jesse Virgil Albin**

4. DATE OF DEATH **June 27th 1966** Month Day Year

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH **12-31-1888** 9. AGE (last birthday) **77** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer** 10b. KIND OF BUSINESS OR INDUSTRY **Farm** 11. BIRTHPLACE (City and state or country) **Cooper County, Mo** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **Benjamin F. Albin** 13b. MOTHER'S MAIDEN NAME **Arbella Hust** 14. NAME OF HUSBAND OR WIFE **Sallie A. Albin**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes W. W. # 1** 16. SOCIAL SECURITY NO. **500-16-3381** 17. INFORMANT **Mrs Allie A. Albin. Clarksburg, Mo** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Ventricular Fibrillation** INTERVAL BETWEEN ONSET AND DEATH **1 hour**  
DUE TO (b) **Metabolic acidosis** **5 days**  
DUE TO (c) \_\_\_\_\_  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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

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 **June 1960** to **June 27, 1966** and last saw <sup>her</sup>him alive on **June 26, 1966**  
Death occurred at **4:45 A.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **W. H. Moore, DO.** (Degree or title) 22b. ADDRESS **California, Mo.** 22c. DATE SIGNED **6/27/66**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **June 27, 1966** 23c. NAME OF CEMETERY OR CREMATORY **Clarksburg Masonic** 23d. LOCATION (City, town, or county) (State) **Clarksburg, Missouri**

24. FUNERAL DIRECTOR **Jewell E. Richards** ADDRESS **Tipton, Missouri** 25. DATE RECD. BY LOCAL REG. **6-29-66** 26. REGISTRAR'S SIGNATURE **Y. Orma Miller**

USE BLACK INK OR TYPEWRITER RIBBON

JUL 7 1966

**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 Jewell E. Richards

Licensed Embalmer No. 2466

P. O. Address Lipton, 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.