

FILED AUG 9 1968

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

STATE FILE NUMBER

124

68 0029427

## CERTIFICATE OF DEATH

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 41VS 300  
Rev. 1/68DO NOT WRITE  
ON THIS STUB9. 1  
10a. 86  
10b.  
11. 6  
12. 1  
13. 4379  
14.  
15. 4  
16.  
17.  
18. 0  
19. CREDITS  
20. 3-04. 0681  
5. 86  
6. 0680

DECEASED

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

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
1. <u>Lizzie Maude Albin</u>			<u>F</u>	<u>Aug 3 1968</u>			
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
<u>white</u>		<u>86</u>	MOS.	HOURS	<u>July 17 1882</u>	<u>Moniteau</u>	
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
<u>California, Mo.</u>			<u>Albin's Rest Home</u>				
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)		
<u>Missouri</u>		<u>yes</u>	<u>married</u>		<u>Mr. George Albin</u>		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
<u>489-42-8115</u>		<u>housewife</u>					
RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER			
<u>Missouri</u>		<u>Moniteau</u>	<u>no</u>	<u>Clarksburg</u>			
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST				
<u>William Radford Renshaw</u>			<u>Sarah Winniford Stephens</u>				
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
<u>Mr. George Albin</u>			<u>Clarksburg Mo. R.F.D.</u>				
PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c) -			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE							
(a) <u>Arteriosclerosis, generally of cerebral</u>					<u>8+ years</u>		
DUE TO, OR AS A CONSEQUENCE OF:							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(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)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
				<u>no</u>		<u>no</u>	
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)			
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)			
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	MONTH DAY YEAR	AND DID NOT VIEW THE BODY AFTER DEATH.	MONTH DAY YEAR
<u>6-24-59 TO 6-29-68</u>				<u>6 29 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 DECEASED WAS PRONOUNCED DEAD	AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.			
		<u>11:20p.m.</u>					
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)			
<u>R.B. Fuiks, M.D.</u>		<u>R.B. Fuiks, M.D.</u>		<u>8-6-68</u>			
MAILING ADDRESS—CERTIFIER		CITY OR TOWN	STATE	ZIP			
<u>516 N. East St., California, Mo. 65016</u>							
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE			
<u>Burial</u>		<u>Clarksburg Masonic</u>	<u>Clarksburg Mo.</u>				
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		DATE RECEIVED BY LOCAL REGISTRAR			
<u>Aug 6 1968</u>		<u>Richards Funeral Home Tipton Mo. 65082</u>		<u>August 8 - 1968</u>			
FUNERAL HOME OR SIGNATURE		REGISTRAR'S SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR				
<u>James E. Richards</u>		<u>Shirley H. Kelly</u>					

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

