

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **744**

FILED JAN 22 1958

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BIRTH NO. _____ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **6373** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) Maysville		c. CITY (If outside corporate limits, write RURAL and give township) Maysville (Rural)	
c. LENGTH OF STAY (In this place) Unknown		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Maple Lawn Rest Home			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) PETER	c. (Last) ALLERDICE	4. DATE OF DEATH (Month) (Day) (Year) Jan. 13 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married	8. DATE OF BIRTH Jan. 26 1882	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 2 WKS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner & Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Centerville Iowa.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Alex Allerdice	13b. MOTHER'S MAIDEN NAME Mary L. Rizor	14. NAME OF HUSBAND OR WIFE XXXX
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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. 500-03-1122A	17. INFORMANT'S SIGNATURE OR NAME Earl Meritt Maysville Mo/	ADDRESS
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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, asphyxia, 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) Chronic Hypertension		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) 4222
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov 2, 1957** to **Jan 13, 1958**, that I last saw the deceased alive on **Jan 13, 1958**, and that death occurred at **5:00 A.M.** from the causes and on the date stated above.

23a. SIGNATURE W. Herald Fowler M.D.	(Degree or title)	23b. ADDRESS Maysville Missouri	23c. DATE SIGNED 1/14-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/15-58	24c. NAME OF CEMETERY OR CREMATORY Oak Lawn	24d. LOCATION (City, town, or county) (State) Maysville Missouri
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DATE REC'D BY LOCAL REG. 1/15-58	REGISTRAR'S SIGNATURE W. Herald Fowler	25. FUNERAL DIRECTOR'S SIGNATURE PILCHER FUNERAL HOME	ADDRESS MAYSVILLE MISSOURI
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 

G. F. Pilcher

Licensed Embalmer No. 3960

P. O. Address Mayeville Missouri

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.