

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **36040**

FILED OCT 31 1949

BIRTH NO. _____		REG. DIST. NO. <b>338</b>		PRIMARY REG. DIST. NO. <b>4501</b>		Registrar's No. <b>572</b>	
1. PLACE OF DEATH a. COUNTY <b>STODDARD</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>Stoddard</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BLOOMFIELD</b>			c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BLOOMFIELD</b>			103
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>			b. (Middle) <b>C.</b>		c. (Last) <b>McALLISTER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 3, 1949</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWER 2</b>	8. DATE OF BIRTH <b>Jan. 6, 1867</b>		9. AGE (In years last birthday) <b>82</b>	10. MONTHS <b>8</b>	11. DAYS <b>27</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired City Marshall</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
13a. FATHER'S NAME <b>Not known</b>			13b. MOTHER'S MAIDEN NAME <b>Not known</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Robert McAllister Bloomfield, Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY THROMBOSIS</b>					INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
		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.					<b>1/201</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Sept 23, 1949</b> , to <b>Oct 3, 1949</b> , that I last saw the deceased alive on: <b>Oct 3, 1949</b> , and that death occurred at: <b>3:30 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Dr. James J. M.D.</b>				23b. ADDRESS <b>Bloomfield, Mo.</b>		23c. DATE SIGNED <b>Oct 7, 1949</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 5-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hill cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Stoddard co., Missouri</b>		
DATE REC'D BY LOCAL REG <b>Oct. 18-49</b>		REGISTRAR'S SIGNATURE <b>Rose Webster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Chiles Und. Co. Bloomfield, Mo.</b>			

RECEIVED OCT 24 1949  
District Health Office No. 2,  
District File Number 1044-PS  
Date Filed \_\_\_\_\_

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**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.

Signed \_\_\_\_\_

*Sam C. Cooper*

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Student Embalmer

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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 this body is not embalmed, fact should be so stated above.