

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17266

0570

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 169		PRIMARY REG. DIST. NO. 5622		Registrar's No. 28			
1. PLACE OF DEATH a. COUNTY Knox				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Myrtle Twp.			c. LENGTH OF STAY (in this place) 23 Yrs			c. CITY (If outside corporate limits, write RURAL and give township) Rural Myrtle Twp			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) Knox City Mo.				0570	
3. NAME OF DECEASED (Type or Print) Bessie		a. (First) Myrtle		b. (Middle) Allensworth		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) May 7 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 25 1903		9. AGE (In years last birthday) 46	
						IF UNDER 1 YEAR (Months) 0		IF UNDER 2 HRS. (Days) 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Menota Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Hayden			13b. MOTHER'S MAIDEN NAME Mary M Heincy			14. NAME OF HUSBAND OR WIFE Oren Allensworth			
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.		17. INFORMANT'S SIGNATURE OR NAME Mary Brooks			ADDRESS Knox City Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Twelve gauge shotgun wound in Right Hip to the right of Spine. Also .38 Caliber Revolver bullet entering the belly one and onehalf inches below the Naval.						E9817	
		ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Myrtle Twp. Knox. Missouri					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May-7-1950. 3:30PM		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE Keith Hudson			23b. ADDRESS 3 Coroner Edina Missouri			23c. DATE SIGNED May 16 50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 10 1950		24c. NAME OF CEMETERY OR CREMATORY Knox City Cemetry		24d. LOCATION (City, town, or county) (State) Knox City Mo.			
DATE REC'D BY LOCAL REG. May 16 1950		REGISTRAR'S SIGNATURE John S. Harolt			25. FUNERAL DIRECTOR'S SIGNATURE A. Rinner		ADDRESS Edina Mo		

JUN 13 1938

JUN 6 1938

RECEIVED MAY 22
District Health Officer No.
District File Number 5-57-0
Date Filed

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

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working under my personal supervision.

Student Embalmer No.

Signed Leith Hudson

Signed.....
Student Embalmer

Licensed Embalmer No. 2415

P. O. Address Edina, Minn.

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.