

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17267

BIRTH NO. _____		REG. DIST. NO. 169		PRIMARY REG. DIST. NO. 5622		Registrar's No. 29	
1. PLACE OF DEATH a. COUNTY <b>Knox</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Knox</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Myrtle Twp.</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Myrtle Twp.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <b>Knox City Mo.</b>			
3. NAME OF DECEASED (Type or Print) <b>Oren</b>		a. (First)		b. (Middle) <b>Allensworth</b>		c. (Last)	
4. DATE OF DEATH <b>May 7 1950</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	
8. DATE OF BIRTH <b>Feb 23 1890</b>		9. AGE (In years last birthday) <b>60</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		11. BIRTHPLACE (State or foreign country) <b>Knox County Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>George Allensworth</b>		13b. MOTHER'S MAIDEN NAME <b>Rowena Roush</b>		14. NAME OF HUSBAND OR WIFE <b>Bessie M Allensworth</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>World War I</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Vel Allensworth</b> ADDRESS <b>Knox City 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Twelve Gauge Shotgun Wound in Left Ventricle of Heart. Self Inflicted.</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Myrtle Twp. Knox Missouri.</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May - 7 1950. 5PM</b>	
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 <b>Keith Hudson</b> (Degree or title) <b>Farmer</b>		23b. ADDRESS <b>Edina Missouri</b>		23c. DATE SIGNED <b>May 16-1950</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 10 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Knox City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Knox City Mo.</b>	
DATE REC'D BY LOCAL REG. <b>May 16, 1950</b>		REGISTRAR'S SIGNATURE <b>Nels S. Dunant</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. Slego</b> ADDRESS <b>Knox City Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 6

1950

RECEIVED

MAY 22 1950

District Health Officer No. 10

District File Number 5-52-87

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

working under my personal supervision.

Student Embalmer No.

Signed

Keith Hudson

Signed.....  
Student Embalmer

Licensed Embalmer No. 2415

P. O. Address Edina 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.