

FILED JUN 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19329

State File No.

BIRTH NO.		REG. DIST. NO. <u>3-2</u>		PRIMARY REG. DIST. NO. <u>4042</u> Registrar's No. <u>54</u>	
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WUTESVILLE</u>		c. LENGTH OF STAY (in this place) <u>14 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WUTESVILLE</u> <u>0090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NO STREET ADDRESS</u>			d. STREET ADDRESS (If rural, give location) <u>NONE</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u> b. (Middle) <u>ALLGOOD</u> c. (Last) <u>ALLGOOD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 9 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>MARCH 27, 1859</u>	9. AGE (In years last birthday) <u>91</u>	10. IF UNDER 1 YEAR Months <u>2</u> Days <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HWE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>HAMPTON WALL</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH ITCHSON</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HOBART ALLGOOD</u> ADDRESS <u>WUTESVILLE, Mo.</u>	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES <u>Cerebral Arteriosclerosis</u> DUE TO (b) <u>-</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>221X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☐	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2/4</u> <u>1944</u> , to <u>6/9/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6/9/50</u> , 19 <u>50</u> , and that death occurred at <u>1:30 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>John J. Myers</u> (Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Wutesville Mo.</u>		23c. DATE SIGNED <u>6/29/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-11-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DRY CREEK CEM.</u>	
24d. LOCATION (City, town, or country) (State) <u>NEAR WUTESVILLE Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs Willie Vanzan</u> ADDRESS <u>BAKER FUNERAL HOME WUTESVILLE Mo.</u>			
DATE REC'D BY LOCAL REG. <u>25</u>		REGISTRAR'S SIGNATURE <u>Mrs Willie Vanzan</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

650-843

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 _____

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.