

FILED JUN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20855

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 5688 Registrar's No. 305

1. PLACE OF DEATH a. COUNTY LINN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) 1 mile west Bucklin, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Chillicothe 0592	
c. LENGTH OF STAY (If this place) 1 day		d. STREET ADDRESS (If rural, give location) 413 Waples	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burlington Right of Way			

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Franklin c. (Last) ALLNUTT			4. DATE OF DEATH (Month) (Day) (Year) June 12 1950		
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5. SEX Male		6. COLOR OR RACE White (W)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 1-8-1908		9. AGE (years last birthday) 42 # UNDER 1 YEAR Months Days # UNDER 2 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY USA	
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13a. FATHER'S NAME Thomas B. Allnutt		13b. MOTHER'S MAIDEN NAME Cora Runyon		14. NAME OF HUSBAND OR WIFE None	
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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. No		17. INFORMANT'S SIGNATURE OR NAME No		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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull				INTERVAL BETWEEN ONSET AND DEATH 6802 35	
		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 058?				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) C & B & Railway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bucklin Township Linn Mo	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12/12/50		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred on _____, 19____, from the causes and on the date stated above.

23a. SIGNATURE Dale Bunch		(Degree or title) 3 Corner		23b. ADDRESS Marceline Mo		23c. DATE SIGNED 6/12/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-14-50		24c. NAME OF CEMETERY OR CREMATORY Tiberghien		24d. LOCATION (City, town, or county) (State) Chillicothe Mo.	
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DATE REC'D BY LOCAL REG. June 12, 1950		REGISTRAR'S SIGNATURE H. B. Erwin		25. FUNERAL DIRECTOR'S SIGNATURE Norman F. Veneal		ADDRESS Home, Chillicothe, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUL 20 1950
JNF

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 Joseph M. Gibson

Licensed Embalmer No. 4769

P. O. Address Chillicothe, 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.