

0960 27911
State File No.

FILED SEP 13 1950

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

| | | | | | | | | | |
|---|--|--|--|---|--|--|--|--|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | 60330 | | Registrar's No. 146 | |
| 1. PLACE OF DEATH a. COUNTY <u>Ripley</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Jordan Township</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Jordan Township</u> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>15 mi north East of Doniphan</u> | | | | d. STREET ADDRESS (If rural, give location) <u>15 mi north East of Doniphan</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>WINFIELD</u> | | a. (First) | | b. (Middle) <u>SCOTT</u> | | c. (Last) <u>ALLSMAN</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>8-12-1950</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | | 8. DATE OF BIRTH <u>3-12-1874</u> | | 9. AGE (In years last birthday) <u>76</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School custodian</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>unknown</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>P. L. Buckner</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary E. Allsman</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>- - -</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ollie Herr - Great Bend, Kansas</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. | | | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) <u>Senility</u> 11. 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) | | 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 <u>July 31, 1950</u> , to <u>8-10, 1950</u> , that I last saw the deceased alive on <u>8-8, 1950</u> , and that death occurred at <u>4:30 a.m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Frank Johnson M.D.</u> | | | | 23b. ADDRESS <u>Doniphan Mo.</u> | | | | 23c. DATE SIGNED <u>8-17-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>8-15-1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Beaver Dam cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Ripley County Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>8-17-50</u> | | REGISTRAR'S SIGNATURE <u>E. O. Johnston</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>L. W. Edwards</u> | | ADDRESS <u>Doniphan, Mo.</u> | | | |

RECEIVED

SEP 11 1950

DISTRICT HEALTH OFFICE No. 6

File No.

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 Carl B. Bird

Licensed Embalmer No. 4306

P. O. Address Doniphan, 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.