

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 10 1951

State File No. 27731

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 2833 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Newton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stark City</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stark City</u> <u>8730</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mollie</u>		b. (Middle) <u>Everett</u>		c. (Last) <u>Allman</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>8-23-1951</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>August 12, 1896</u>		9. AGE (In years last birthday) <u>55</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Clyde Allman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Allman-Stark City, Missouri</u>		ADDRESS		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
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) (Minute)		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>1866, Aug 23</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Aug 23</u> , 19 <u>51</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>708 S. Main Bldg. Joplin, Mo.</u>		23c. DATE SIGNED <u>Aug 24, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-25-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dice Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Fairview, Missouri</u>		DATE REC'D BY LOCAL REG. <u>Sept 11 1951</u>		REGISTRAR'S SIGNATURE <u>Alpha Dyer</u> 369	
25. FUNERAL DIRECTOR'S SIGNATURE <u>G.E. Culver</u>		ADDRESS <u>Cassville</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

6730

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File Number 957-202

Date Filed SEP 5 1957

NEOSHO, MISSOURI

JS JAN 6 1960

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.....

J. E. Culver

Signed.....
Student Embalmer

Licensed Embalmer No. 3584

P. O. Address Cassville

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.