

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

FILED OCT 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34551**
Registrar's No. **323**

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3652		Registrar's No. 323	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Mo b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia 0804			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hosp.				d. STREET ADDRESS (If rural, give location) 2010 So. Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Infant of Loyd b. (Middle) and Elsie c. (Last) Allee		4. DATE OF DEATH (Month) (Day) (Year) Oct 11, 1951					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Oct. 11, 1951	
9. AGE (In years last birthday) —		10. MONTHS —		11. YEARS —		12. IF UNDER 1 YEAR —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Sedalia Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Loyd Allee		13b. MOTHER'S MAIDEN NAME Elsie Hosey		14. NAME OF HUSBAND OR WIFE —			
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. —		17. INFORMANT'S SIGNATURE OR NAME Loyd Allee - 2010 So. Mo.			
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) Prematurity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Atectasis, Congenital DUE TO (b) Prematurity DUE TO (c) none II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none				INTERVAL BETWEEN ONSET AND DEATH 10 min	
19a. DATE OF OPERATION —		19b. MAJOR FINDINGS OF OPERATION —		7625		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) (Min) —		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 10-11 , 19 51 , to 10-11 , 19 51 , that I last saw the deceased alive on 10-11 , 19 51 , and that death occurred at 2:58 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) [Signature]				23b. ADDRESS 3121 S. Ohio St., Sedalia, Mo.		23c. DATE SIGNED 10-12-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-12-51		24c. NAME OF CEMETERY OR CREMATORY Eldon		24d. LOCATION (City, town, or county) (State) Eldon, Mo.	
DATE REC'D BY LOCAL REG. 10-12-51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] McLaughlin Bros - 519 S. Ohio			

251-0

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 16 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed OCT 16 1951

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 _____

K.P.M. Lary

Signed _____
Student Embalmer

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.