No. 300
10.48

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

FILED NOV 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37122

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY 0470 Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pilot Knob
c. LENGTH OF STAY (in this place) 1 Year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Belleview Mo. General Delivery
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle) Louis
c. (Last) AllAir

4. DATE OF DEATH (Month) Nov (Day) 17 (Year) 51

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1/15/1871
9. AGE (In years last birthday) 80 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Florissant Mo
12. CITIZEN OF WHAT COUNTRY? US.A.

13a. FATHER'S NAME George Allair
13b. MOTHER'S MAIDEN NAME JNK
14. NAME OF HUSBAND OR WIFE Laura Allair Pilot Knob Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 490-14-8323
17. INFORMANT'S SIGNATURE OR NAME Laura Allair — **ADDRESS** Pilot Knob Mo Gen Del

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Asteriosclerosis
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 4221
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 WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1, 1951, *to* Nov. 17, 1951, *that I last saw the deceased alive on* Nov 17, 1951, *and that death occurred at* 12.30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE S. H. McDaniel M.D. (Degree or title)
23b. ADDRESS Ironton, Mo
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE II/19/51
24c. NAME OF CEMETERY OR CREMATORY Pilot Knob Cemetery
24d. LOCATION (City, town, or county) (State) Pilot Knob, Mo.

DATE REC'D BY LOCAL REG. Nov. 19-51
REGISTRAR'S SIGNATURE Mrs Avis Jones 128 0
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS** HOWELL FUNERAL HOME IRONTON? MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

NOV 27 1951

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 C. A. Howell

Licensed Embalmer No. 3670.

P. O. Address Gorham, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.