

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

2361

State File No.

FILED JAN 30 1952

BIRTH NO.

REG. DIST. NO. 294

PRIMARY REG. DIST. NO. 3056

Registrar's No. 20

1. PLACE OF DEATH

a. COUNTY

Randolph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Mo

b. COUNTY

Linn

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Moberly

c. LENGTH OF STAY (In this place)

21 days

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Brookfield

0582

d. FULL NAME OF HOSPITAL OR INSTITUTION

546 Winchester

d. STREET ADDRESS (If rural, give location)

W Clayton St.

3. NAME OF DECEASED (Type or Print)

a. (First)

Jennie

b. (Middle)

Alligood

c. (Last)

Alligood

4. DATE OF DEATH

(Month)

(Day)

(Year)

Jan 17 1952

5. SEX

F

6. COLOR OR RACE

W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Never married

8. DATE OF BIRTH

Jan 2 1877

9. AGE (in years last birthday)

75

10. MONTHS

0

11. DAYS

15

12. IF UNDER 12 HRS. Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Jackson Mo

12. CITIZEN OF WHAT COUNTRY?

U.S.

13a. FATHER'S NAME

Unknown Alligood

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME

ADDRESS

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Hypostatic pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Cerebral hemorrhage

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

1 day

7 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

331X

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)

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 Jan 2, 1952, to Jan 17, 1952, that I last saw the deceased alive on Jan 16, 1952, and that death occurred at 5 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Dr. H. M. Cornick D.O.

23b. ADDRESS

900 1/2 Reed St. Moberly Mo.

23c. DATE SIGNED

1-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

Jan 19 1952

24c. NAME OF CEMETERY OR CREMATORY

Rosehill Cemetery

24d. LOCATION (City, town, or county)

Brookfield

(State)

DATE REC'D BY LOCAL REG.

1-19-52

REGISTRAR'S SIGNATURE

Leah R. ...

25. FUNERAL DIRECTOR'S SIGNATURE

Boudin Funeral Home

ADDRESS

Brookfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Student Embalmer

Signed James B. McChelland
Licensed Embalmer No. 4230

P. O. Address Brookfield, 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.