. No. 300
. 10.48

FILED JUN 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15699

BIRTH NO. 27740 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 248

124
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1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Luch Lee Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ark
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Corning rural Cleveland
d. STREET ADDRESS (If rural, give location): Rt #1 Corning, Ark 8030

3. NAME OF DECEASED (Type or Print)
a. (First): Mikel
b. (Middle): Frederick
c. (Last): Allmandinger

4. DATE OF DEATH (Month) (Day) (Year): May 14 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: May 13, 1952
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours 13 / Min. 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -----
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): Luch Lee Hosp. Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Frederick Allmandinger
13b. MOTHER'S MAIDEN NAME: Betty I rene Hudson
14. NAME OF HUSBAND OR WIFE: none

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.: none
17. INFORMANT'S SIGNATURE OR NAME: Frederick Allmandinger ADDRESS: Rt #1 Corning, Ark.

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) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 12

ANTECEDENT CAUSES

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

DUE TO (b)

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: 7620
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* 5-13, 1952, *to* 5-14, 1952, *that I last saw the deceased alive on* 5-14, 1952, *and that death occurred at* 3:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: F W McPheeters (Degree or title): MD.
23b. ADDRESS: Poplar Bluff, Mo.
23c. DATE SIGNED: 5-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 16/52
24c. NAME OF CEMETERY OR CREMATORY: New Luthern
24d. LOCATION (City, town, or county) (State): Clay County, Ark.

DATE REC'D BY LOCAL REG.: May 25-1952
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428-D
25. FUNERAL DIRECTOR'S SIGNATURE: Richard O Irby ADDRESS: Irby Funeral Serv. Corning, Ark.
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 5 - 1952
BUTLER CO. HEALTH CENTER
FILE No. 652-782

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 me

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Richard O. Ermert

Licensed Embalmer No. 782

P. O. Address Corning, Ark.

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.