

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17031**

FILED MAY 19 1952

BIRTH NO. _____		REG. DIST. NO. <u>159</u>		PRIMARY REG. DIST. NO. <u>4249</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u> <u>Cedar Grove Nursing Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hillsboro</u>		c. LENGTH OF STAY (In this place) <u>4 mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Festus, Mo.</u>		<u>0502</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Cedar Grove Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>18 N. 5th St.</u>			
3. NAME OF DECEASED (Type or Print) <u>John</u>		b. (Middle) <u>F.</u>		c. (Last) <u>Allair</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-8-52</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>10-1-1874</u>	
9. AGE (In years last birthday) <u>77</u>		10. AGE (In years last birthday) <u>77</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cameron, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>			
13a. FATHER'S NAME <u>Edward Allair</u>				13b. MOTHER'S MAIDEN NAME <u>unknown</u>			
14. NAME OF HUSBAND OR WIFE <u>None</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>			
16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Miss Edna Price, Welfare</u>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u> 11. 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 <u>4201</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				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>Nov. 26</u> , 19 <u>51</u> , to <u>May 8</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5/8</u> , 19 <u>52</u> , and that death occurred at <u>10:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or Title) <u>Thomas Dobbin MD</u>				23b. ADDRESS <u>Hillsboro, Mo.</u>			
23c. DATE SIGNED <u>5/8-52</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>May 10, 1952</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Catholic cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Crystal City, Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Vineyard</u>			
25. ADDRESS <u>Festus, Mo.</u>				DATE REC'D BY LOCAL REG. <u>5-9-52</u>			
REGISTRAR'S SIGNATURE <u>Jackson Maraden</u>				141			

(Licensed Embalmer's Statement on Reverse Side)

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

5-9

JEFFERSON COUNTY HEALTH DEPT.
HALLSBORO, MISSOURI
MAY 16 1981
DATE RECEIVED

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 James J. Comerford

Licensed Embalmer No. 4744

P. O. Address Crystal City, 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.