

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42877

State File No.

FILED DEC 31 1952

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker</u> c. LENGTH OF STAY (In this place) <u>20 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker</u> <u>0651</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maple St. California, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Maple St. California, Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Walter</u> c. (Last) <u>Allee</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 24 1952</u>
----------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 5 1870</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	-----------------------------------------------------------------------	-------------------------------------	-------------------------------------------	---------------------------------------------------	------------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
-------------------------------------------------------------------------------------------------------------------	---------------------------------------------------	-----------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME <u>Preston Allee</u>	13b. MOTHER'S MAIDEN NAME <u>Marv Salem</u>	14. NAME OF HUSBAND OR WIFE <u>Laura Bell Allee</u>
-----------------------------------------	---------------------------------------------	-----------------------------------------------------

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 <u>Mar Lower</u> ADDRESS <u>Calif, Mo</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		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>10 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> 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	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) <u>331x</u>
------------------------------------------	-----------------------------------------------------------------------------------------	----------------------------------------------------------------

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 Jan 4, 1945, to Dec 24, 1952, that I last saw the deceased alive on Dec 23, 1952, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Kennon Latham M.D.</u> (Degree or title)	23b. ADDRESS <u>California, Mo</u>	23c. DATE SIGNED <u>11-26-52</u>
------------------------------------------------------------	------------------------------------	----------------------------------

24a. BURIAL/CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/26/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Flag Spring Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>California, Rural, Mo</u>
--------------------------------------------------------	---------------------------	----------------------------------------------------------------	----------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>Dec 26, 1952</u>	REGISTRAR'S SIGNATURE <u>H. J. Poye</u> <u>202</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>East Portland - California</u> ADDRESS <u>Mo</u>
----------------------------------------------	----------------------------------------------------	--------------------------------------------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

6881
1

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 Ease Boulton

Licensed Embalmer No. 2126

P. O. Address California

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.