

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**18760**

State File No. ....

FILED MAY 26 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 22

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Moniteau</u>		<b>2. USUAL RESIDENCE</b> (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 Walker</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California 0681</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>WASHINGTON</u> c. (Last) <u>ALLEE</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>May 4 1953</u>		
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>July-1-1871</u>		<b>9. AGE</b> (In years last birthday) 81
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farming</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>California Mo. Rural.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>

<b>13a. FATHER'S NAME</b> <u>James Allee</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sadie Birkson</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mattie Allee</u>
---	--	---

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>no.</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mattie Allee</u>	<b>ADDRESS</b> <u>California Mo</u>
--	--	---	--

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Crown thrombosis</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>1 mo</u>
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute nephritis</u>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
-------------------------------	---	---

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>California Moniteau</u>	<b>21c. COUNTY</b> <u>Moniteau</u>	<b>21d. STATE</b> <u>Mo</u>
---	---	---------------------------------------	--------------------------------

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
---	---	-----------------------------------

**22. I hereby certify that I attended the deceased from** May 1 1940, to May 4, 1953, that I last saw the deceased alive on May 2, 1953 and that death occurred at 5 A. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>D. J. Bonion</u> (Degree or title)	<b>23b. ADDRESS</b> <u>California, Mo</u>	<b>23c. DATE SIGNED</b> <u>5/7/53</u>
--	--	--

<b>24a. BURIAL, CREMATION, RENOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>5-6-1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Flag Spring Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Moniteau County, Mo.</u>
---	-------------------------------------	--	---

<b>DATE REC'D BY LOCAL REG.</b> <u>5-14-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>	<b>ADDRESS</b> <u>California Mo</u>
---	--	---	--

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

0.300  
0.48

81

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 Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address California 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.