

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

20631

State File No. _____

ED JUN 17 1953

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>BARRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>BARRY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONETT</u>			c. LENGTH OF STAY (In this place) <u>5 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. VINCENT HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>SOUTH - VERONA, MO.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>LUTHER</u> c. (Last) <u>ALLCOCK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 9th 1953</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>	8. DATE OF BIRTH <u>AUG 26, 1892</u>	9. AGE (In years last birthday) <u>60</u>	10. MONTHS <u>9</u>	11. DAYS <u>13</u>	12. 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>Farmer & Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer & Laborer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Barry County</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN ALLCOCK</u>		13b. MOTHER'S MAIDEN NAME <u>Malinda Suttles</u>		14. NAME OF HUSBAND OR WIFE <u>NELL ALLCOCK (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u> </u>		16. SOCIAL SECURITY NO. <u>488-16-3366</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Junior Allcock</u>			ADDRESS <u>Wichita, Kansas</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis (chronic)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Stagnant stones in pelvis</u> DUE TO (c) <u>g. both kidneys</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>?</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>602X</u>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>5-10, 1953</u> , to <u>6-9-53</u> , that I last saw the deceased alive on <u>6-8-53</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Donald H. Kern MD</u>				23b. ADDRESS <u>Monett Mo.</u>		23c. DATE SIGNED <u>6-10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>June 11, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALTON</u>		24d. LOCATION (City, town, or county) (State) <u>BARRY COUNTY MO.</u>		
DATE REC'D BY LOCAL REG. <u>6-13-53</u>		REGISTRAR'S SIGNATURE <u>Katherine Henderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Buchanan</u>			ADDRESS <u>Monett Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

300
48
51
0

EX-106 1953

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

J. R. Buchanan

Licensed Embalmer No. 3199

P. O. Address

Monroeville, 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.