

29222

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED SEP 11 1953

|   |  |   |  |   |   |  |   |  |
|---|--|---|--|---|---|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>181</u>   |  | PRIMARY REG. DIST. NO. <u>4293</u>  |   | Registrar's No. <u>29</u>  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>LINCOLN</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u> |   |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>ELSBERRY</u>  |  | c. LENGTH OF STAY (in this place) <u>90 years</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>ELSBERRY</u>  |   | 0572   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>902 Broadway</u>   |  |   |  | d. STREET ADDRESS (If rural, give location) <u>902 Broadway</u>   |   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>MERRITT</u> b. (Middle) <u>MONCRIEF</u> c. (Last) <u>ALLOWAY</u>   |  |   | 4. DATE OF DEATH                                   |   | (Month) (Day) (Year)  |  |   |  |
| 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>APRIL 25, 1859</u>                             |   |  |
| 9. AGE (in years last birthday) <u>94</u>   |  | IF UNDER 1 YEAR Months Days   |  | IF UNDER 18 HRS. Hours Min.   |   |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer + Merchant</u>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>   |   | 11. BIRTHPLACE (State or foreign country) <u>CLARK COUNTY, MISSOURI</u> |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |  |
| 13a. FATHER'S NAME <u>CHAS. L. ALLOWAY</u>  |  |   | 13b. MOTHER'S MAIDEN NAME <u>MILDRED WHITESIDE</u> |   | 14. NAME OF HUSBAND OR WIFE <u>HULDA ALLOWAY</u>                        |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>   |  | 16. SOCIAL SECURITY NO. <u>NONE</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joel Alloway, St. Ann, Mo.</u>   |   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer stomach</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 yr ±</u>                                   |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |   |   |  | 20. AUTOPSY?<br>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) _____   |  | 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 - 1952</u> , to <u>Aug 9, 1953</u> , that I last saw the deceased alive on <u>AUG 9, 1953</u> , and that death occurred at <u>3:55 p.m.</u> , from the causes and on the date stated above. |  |   |  |   |   |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u>   |  |   |  | 23b. ADDRESS <u>Elsherry, Mo.</u>   |   | 23c. DATE SIGNED <u>8/11/53</u>                                    |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>   |  | 24b. DATE <u>8-12-53</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>STAR HOPE</u>   |   | 24d. LOCATION (City, town, or county) (State) <u>Elsherry, Mo.</u> |   |  |
| DATE REC'D BY LOCAL REG. <u>9/9/53</u>  |  | REGISTRAR'S SIGNATURE <u>[Signature]</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>   |   | ADDRESS <u>Elsherry, Mo.</u>                                       |   |  |

(Licensed Emballer's Statement on Reverse Side)

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

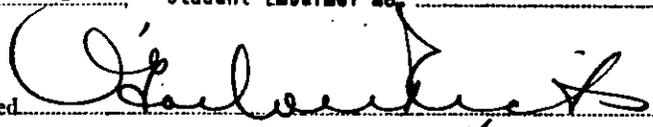
STATEMENT BY LICENSED EMBALMER

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. \_\_\_\_\_

Student .....  
Student Embalmer

Signed 

Licensed Embalmer No. 4012

P. O. Address Elsherry, 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.