

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35507

State File No.

FILED OCT 26 1953		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 5422		Registrar's No. 124	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. #1-</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>OSCAR.</u> b. (Middle) <u>PERSEY</u> c. (Last) <u>ALLEGA.</u>		4. DATE OF DEATH <u>10-21-1953</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>3/16/1879</u> 9. AGE (In years last birthday) <u>74</u> 10. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) <u>Retired Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Kansas city Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Jim Allega</u> 13b. MOTHER'S MAIDEN NAME <u>unknown</u> 14. NAME OF HUSBAND OR WIFE <u>Martha Allega</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u> 16. SOCIAL SECURITY NO. <u>None</u> 17. INFORMANT'S SIGNATURE OR NAME <u>Orient Hoggard</u> ADDRESS <u>Kennett 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.							
23a. SIGNATURE <u>Quinty Tarver</u> (Signature or title) <u>Quinty Tarver, Coroner, Dunklin Co.</u>		23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>10-21-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 24b. DATE <u>10/22/1953</u> 24c. NAME OF CEMETERY OR CREMATORY <u>Liberly Cemetery</u> 24d. LOCATION (City, town, or county) (State) <u>Caruth Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-22-53</u>		REGISTRAR'S SIGNATURE <u>Emmanuel G. S. Tarver</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emmanuel G. S. Tarver</u> ADDRESS _____		(Licensed Embalmer's Statement on Reverse Side)	

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 10-23-53
COUNTY FILE NUMBER 1053 - 252

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 _____

Licensed Embalmer No. 352

P. O. Address _____

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.