No. 300
10-48

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

FILED NOV 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38665

State File No.

BIRTH NO. REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 138

032-2 1

1. PLACE OF DEATH
a. COUNTY: DUNKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KENNETT
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME 600 Whitney

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: DUNKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KENNETT, MO. 0352
d. STREET ADDRESS (If rural, give location): 600 WHITNEY ST.

3. NAME OF DECEASED (Type or Print): a. (First) [illegible] b. (Middle) GEORGE c. (Last) P. ALLMOND

4. DATE OF DEATH (Month) (Day) (Year): Nov 14-1953

5. SEX: MALE

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug 7, 1881

9. AGE (In years last birthday): 72 | IF UNDER 1 YEAR Months: 3 | Days: 7 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MO. DUNKLIN Co.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: HENRY P. ALLMOND

13b. MOTHER'S MAIDEN NAME: AARLEY UNKNOWN DECEASED

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Virgil Stevens Kennett Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Lobar

ANTECEDENT CAUSES

Morbid 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

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

2041

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-5, 1953, *to* 11-14, 1953, *that I last saw the deceased alive on* 11-14, 1953, *and that death occurred at* 3 0 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Kennett Mo

23c. DATE SIGNED: 11-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 11-16-53

24c. NAME OF CEMETERY OR CREMATORY: McCullah Cem.

24d. LOCATION (City, town, or county) (State): Kennett, Mo.

DATE REC'D BY LOCAL REG.: 11-17-53

REGISTRAR'S SIGNATURE: Earl Hinshaw R.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Vickers Funeral Home - Paragould, Ark.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEAL
DEPARTMENT 11-23-53
COUNTY FILE NUMBER 1153-28

NOV 30 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_____

Licensed Embalmer No._____

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.