

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **39740**

FILED DEC 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>3044</u>		Registrar's No. <u>59</u>	
1. PLACE OF DEATH a. COUNTY <u>MILLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELdon</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELdon</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>505-So-Chestnut</u>				d. STREET ADDRESS (If rural, give location) <u>505-So-Chestnut</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u>		b. (Middle) <u>ELmont</u>		c. (Last) <u>ALlee</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 3 1953</u>	
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>8 Feb 1881</u>	
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dr. Store Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail - Dr.</u>		11. BIRTHPLACE (State or foreign country) <u>Moniteau - Co - Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William - ALlee</u>		13b. MOTHER'S MAIDEN NAME <u>Tempeance - ALLEN</u>		14. NAME OF HUSBAND OR WIFE <u>Grace - ALlee</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Grace - ALlee</u>		ADDRESS <u>ELdon 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 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.			
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>NONE</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>3 Dec</u> , 19 <u>53</u> , and that death occurred at <u>7:00 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Carl J. Buehler, M.D.</u>				23b. ADDRESS <u>ELdon Mo</u>		23c. DATE SIGNED <u>4 Dec 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5 Dec 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELdon</u>		24d. LOCATION (City, town, or county) (State) <u>ELdon Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 5, 53</u>		REGISTRAR'S SIGNATURE <u>Calivernatta Walt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Faye</u>		ADDRESS <u>ELdon Mo</u>	

(Licensed Embalmer's Signature on Reverse Side)

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

0661

**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

*Keith M. Fays*

Licensed Embalmer No. *3998*

P. O. Address *Eldon 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.