

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1155

FILED JAN 25 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 4231 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Haskell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Haskell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain View</u>	c. LENGTH OF STAY (In this place) <u>8 Yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain View</u>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>8460</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Allie</u> b. (Middle) <u>May</u> c. (Last) <u>Kingery</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-13-1954</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Jan-24-1900</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Birchfork MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>J. W. Chowning</u>		13b. MOTHER'S MAIDEN NAME <u>Poude B. Smotherman</u>		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) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Dwaine Kingery 906 Woodrow Forest</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH <u>55"</u> <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>331X</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? <u>12:05 P.M. - 1:00 P.M.</u>	

22. I hereby certify that I attended the deceased from Jan-13, 1954, to Jan 13, 1954, that I last saw the deceased alive on Jan 13, 1954, and that death occurred at 1:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Mountain View Mo.</u>		23c. DATE SIGNED <u>1/15/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-16-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Cem</u>	
DATE REC'D BY LOCAL REG. <u>1-16-54</u>		REGISTRAR'S SIGNATURE <u>Laura Mitchell</u> 126		24d. LOCATION (City, town, or county) (State) <u>Mountain View MO.</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dorman Funeral Home</u>		ADDRESS <u>Mountain View</u>	

MO

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

John F. Deacon

Licensed Embalmer No. 2076

P. O. Address Miss View M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.