

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

40579

FILED DEC 20 1954

State File No.

BIRTH NO.		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>5444</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> , b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Athens Twp</u>		c. LENGTH OF STAY (in this place) <u>1 Year</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Albany</u>		<u>0320</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home, 9 M, S, E,</u>				d. STREET ADDRESS <u>9 M, S, E, of Albany</u>			
3. NAME OF DECEASED (Type or Print) <u>Adam</u>		b. (Middle) <u>Ervin</u>		c. (Last) <u>Allenbrand</u>		4. DATE OF DEATH (Month) <u>12-</u> (Day) <u>12</u> (Year) <u>54</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug, 24, 1887</u>	
9. AGE (In years) <u>67</u>		10. AGE (In years) <u>3</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Issac Allenbrand</u>		13b. MOTHER'S MAIDEN NAME <u>Victoria Green</u>		14. NAME OF HUSBAND OR WIFE <u>Miss Elizabeth Allenbrand</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 <u>Miss Elizabeth Allenbrand</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 Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>arteriosclerosis general</u> 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>3 hours</u> <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>52</u> , to <u>Dec 12</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Dec 10</u> , 19 <u>54</u> , and that death occurred at <u>7:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Sweiger</u>		(Degree or title) <u>0</u>		23b. ADDRESS <u>Maysville, Mo.</u>		23c. DATE SIGNED <u>12-13-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-15-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Berlin</u>		24d. LOCATION (City, town, or county) (State) <u>King City Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 13, 54</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Brown</u>			

(Licensed Embalmer's Statement on Reverse Side)

MAR 21 1955

STATEMENT BY LICENSED EMBALMER

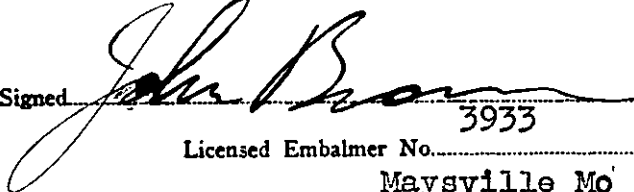
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No. _____

Signed.....
Student Embalmer

Signed



3933

Licensed Embalmer No. _____

P. O. Address _____
Maysville 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.