

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8762**

FILED APR 4 1955 REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3046** Registrar's No. **755**

1. PLACE OF DEATH a. COUNTY <b>Livingston</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Chillicothe</b>		c. LENGTH OF STAY (In this place) <b>37 years</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Chillicothe</b>		<b>05920</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>403 Montgomery Street</b>			d. STREET ADDRESS (If rural, give location) <b>403 Montgomery Street</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>LEVI</b> c. (Last) <b>MCLALLEN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 27, 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>6 August 1895</b>	9. AGE (In years last birthday) <b>59</b>	10. MONTHS <b>59</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cab Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Taxicab</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Breckenridge, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>

13a. FATHER'S NAME <b>James Edward McAllen</b>	13b. MOTHER'S MAIDEN NAME <b>Eliza Jane Riddle</b>	14. NAME OF HUSBAND OR WIFE <b>Elsie Mae Tindell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>491-32-5583</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. James McLallen; Chillicothe Mo.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Insufficiency</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6-8 hrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Vessel Atherosclerosis</b>		<b>2-3 yrs.</b>
	DUE TO (c) <b>Mild Pericarditis &amp; Effusion</b>		<b>Unknown</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from **3/22/55**, 19**55**, to **3/27/55**, 19**55**, that I last saw the deceased alive on **3/27/55**, 19**55**, and that death occurred at **8:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. W. Meehan</b>	23b. ADDRESS <b>100. 2 Chillicothe, Mo.</b>	23c. DATE SIGNED <b>3/28/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-31-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rosehill</b>	24d. LOCATION (City, town, or county) (State) <b>Breckenridge, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>3/28/55</b>	REGISTRAR'S SIGNATURE <b>Frances B. Neill</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Norman Funeral Home; Chillicothe,</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

MO.

MAR 18 1955

VS APR 21 1980

MS JUL 12 1980

1956 4 10P

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 Joseph M. Gibson  
Licensed Embalmer No. 4769

P. O. Address Chillicothe, Missouri

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.