

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

8951

FILED APR 7 1955

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>247</u>		PRIMARY REG. DIST. NO. <u>4366</u>		Registrar's No. <u>77</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton 0730</u> b. CITY (If outside corporate limits, write RURAL and give town OR <u>Granby 0</u> ) c. LENGTH OF STAY (In this place) <u>2 days</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Granby Community Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BARRY 030</u> c. CITY OR TOWN <u>Wheaton</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Addie</u> b. (Middle) <u>Irene</u> c. (Last) <u>Allman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 25 1955</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>August 22 1874</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>3</u>		IF UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Joseph Allman</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Schultz</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>		
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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Otto Ruppert Anderson 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, asthma, 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 Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Thrombosis</u> DUE TO (c) <u>Circulatory Stenosis</u> 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 hrs</u> <u>1 Week</u> <u>5 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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) (Min.)		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>June 1951</u> , to <u>March 25 1955</u> , that I last saw the deceased alive on <u>Mar. 25 1955</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James P. Mahoney D.O.</u>				23b. ADDRESS <u>Wheaton, Mo.</u>		23c. DATE SIGNED <u>3/26/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-27-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rocky Comfort Comotery</u>		24d. LOCATION (City, town, or county) (State) <u>Rocky Comfort Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 27 55</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u>		ADDRESS <u>Wheaton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File Number 455-623

Date Filed 4-5-55

NEOSHO, MISSOURI

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..... Signature of Student Embalmer

Signed James Kenneth Dunn

Licensed Embalmer No. 47

P. O. Address Wheaton

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.