

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18403**

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **5480** Registrar's No. **67**

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) Route 2 Trenton Twp	c. LENGTH OF STAY (in this place) 6 weeks	c. CITY OR TOWN Trenton	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Plain View Rest Home		e. STREET ADDRESS (If rural, give location) Route 4 0400	

3. NAME OF DECEASED (Type or Print) a. (First) Lenore	b. (Middle)	c. (Last) Allnutt	4. DATE OF DEATH (Month) (Day) (Year) MAY 4 1955
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept 22 1883
9. AGE (In years last birthday) 69	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Chula, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Link Walker	13b. MOTHER'S MAIDEN NAME Millie Knapp	14. NAME OF HUSBAND OR WIFE Grover Allnutt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grover Allnutt Trenton, Mo.

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Stomach		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of Prostate DUE TO (c) 151X		
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	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)	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 **Jan 19 55** to **May 4 19 55**, that I last saw the deceased alive on **May 1, 19 55**, and that death occurred at **7 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. J. Harris MD	(Degree or title)	23b. ADDRESS Trenton Mo	23c. DATE SIGNED 5/4/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE MAY 7 1955	24c. NAME OF CEMETERY OR CREMATORY Black Oak Cem.	24d. LOCATION (City, town, or county) (State) Laredo MO

DATE REC'D BY LOCAL REG. 5-7-55	REGISTRAR'S SIGNATURE Gene Jaw 115	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marlin Blackmore Hunter, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 51 working under my personal supervision..

Student Claude H Crandall
Signature of Student Embalmer

Signed J Gordon Blackmon
Licensed Embalmer No. 460

P. O. Address Trenton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.