

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **32688**

BIRTH NO. _____		REG. DIST. NO. <u>101</u>		PRIMARY REG. DIST. NO. <u>5407</u>		Registrar's No. <u>51</u>	
1. PLACE OF DEATH a. COUNTY <u>DOUGLAS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>TEXAS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>McKINLEY Twp.</u>		c. LENGTH OF STAY (In this place) <u>48 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>McKINLEY Twp. 1070</u>		d. STREET ADDRESS (If rural, give location) <u>15 mi. So. Calool</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WAYMON</u>		b. (Middle) <u>ETHEMER</u>		c. (Last) <u>LUAllen</u>	
4. DATE OF DEATH		(Month) <u>10</u>		(Day) <u>8</u>		(Year) <u>55</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>8-7, 1907</u>		9. AGE (In years last birthday) <u>48</u>	
IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		IF UNDER 24 HRS. Min.	
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>DOUGLAS CO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FRED LUAllen</u>		13b. MOTHER'S MAIDEN NAME <u>DELIA HAFNER</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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Delia LuAllen</u>		ADDRESS <u>Calool</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gored by Bull</u>				INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.				DUE TO (b) <u>Both legs broken - Intestines were mostly cut and chest</u>			
DUE TO (c) <u>Crushed</u>							
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>9281.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		3		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>DOUGLAS CO., MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-8-55 7A.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>GORED by a JERSEY bull</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>C.V. Chickering</u>				(Degree or title) <u>CORONER</u>		23b. ADDRESS <u>AVA MO.</u>	
23c. DATE SIGNED <u>10-10-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-10-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. ARABAT</u>	
24d. LOCATION (City, town, or county) (State) <u>DOUGLAS CO. MO.</u>		24e. DATE REC'D BY LOCAL REG. <u>10-13-55</u>		REGISTRAR'S SIGNATURE <u>Vestal Buchanan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Elliott - Deitz</u>	
ADDRESS <u>Calool</u>							

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

**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

*James L. Gentry*

Licensed Embalmer No. *49187*

P. O. Address

*Calrod, 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.