No. 300
10-48

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

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33868

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 166

1. PLACE OF DEATH
a. COUNTY LACLEDE COUNTY Clifton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEBANON
c. LENGTH OF STAY (in this place) 10 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Camden
c. CITY OR TOWN Stoutland
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location) 015 0

3. NAME OF DECEASED (Type or Print) a. (First) Wayne b. (Middle) Clifton c. (Last) Allee
4. DATE OF DEATH (Month) Oct. (Day) 17 (Year) 1955
5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH July 19, 1938
9. AGE (In years last birthday) 17 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student-high school
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Stoutland, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Noel Jennings Allee
13b. MOTHER'S MAIDEN NAME Helen Hutchings
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 500-40-6682
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Noel Jennings Allee Stoutland, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head injury
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Punctured left lung
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
D.O.A. Wallace Hosp

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Auto
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Highway T
21c. (CITY, TOWN, OR TOWNSHIP) 053 (COUNTY) Camden (STATE) Missouri
21d. TIME OF INJURY (Month) Oct. (Day) 17 (Year) 1955 (Hour) 7:00 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/17, 1955, to 10/17/55, 19____, that I last saw the deceased alive on D.O.A., ____, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE Edgar E. Fisher (Degree or title) M.D. 23b. ADDRESS Lebanon, Mo 23c. DATE SIGNED 10/18/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-19-55
24c. NAME OF CEMETERY OR CREMATORY Stoutland
24d. LOCATION (City, town, or county) (State) Stoutland, Mo

DATE REC'D BY LOCAL REG. 10-19-1955
REGISTRAR'S SIGNATURE Nella L. Hayes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carlos Blakley Stoutland

(Licensed Embalmer's Statement on Reverse Side)

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Received .....

Laclede County Health Unit

File No. .....

Date Filed .....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James W. Wair

Licensed Embalmer No. 4

P. O. Address Springf

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.