

FILED DEC 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40586

STATE FILE NUMBER

42

1000

Registration District No. Primary Registration District No. Registrar's No. 1298

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buch.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Saint Joseph</u>		c. CITY OR TOWN <u>Saint Joseph</u> 0117 Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hovey Numbing Home</u>		d. STREET ADDRESS (If outside, give location) <u>2206 So 26th. St.</u> Reside on Farm Yes ☐ No ☒	
Length of stay in lb <u>40 years</u>			
3. NAME OF DECEASED (Type or print) First <u>Adam</u> Middle <u></u> Last <u>Allgeyer</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>3</u> Year <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>Jan. 14, 1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Junk Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>***</u>	9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR: Months <u></u> Days <u></u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS. <u></u>
11. BIRTHPLACE (City and state or country) <u>Chillicothe, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Jacob Allgeyer</u>		14. MOTHER'S MAIDEN NAME <u>Minnie Howmiller</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>****</u> (If yes, give war or dates of service) <u>*****</u>		16. SOCIAL SECURITY NO. <u>*****</u>	
17. INFORMANT <u>Minnie Alkire, Lakewood, Ohio</u>		Address <u></u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Bronchial Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u>General Debility and Senility</u>			<u>491XF</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Fractured rt. hip at 22nd Commercial at 2p.m. 10-23-56 while stepping on to curb. Hip nailed 10-25-56 at Missouri Methodist Hospital.</u>			
19a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u></u>		
20a. TIME OF INJURY Hours <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	20f. CITY, TOWN, OR LOCATION <u></u>	COUNTY <u></u> STATE <u></u>
21. I attended the deceased from <u>10/23/56</u> to <u>12/3/56</u> and last saw <u>him</u> alive on <u>12/2/56</u> Death occurred at <u>3:40PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Barry Harman</u>		22b. ADDRESS <u>2801 Sacramento St. St. Joseph, Missouri</u>	22c. DATE SIGNED <u>12/1/56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 7, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>
24. FUNERAL DIRECTOR <u>Barry-Harman F.H. St. Joseph, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 12, 1956</u>	26. REGISTRAR'S SIGNATURE <u>Edith M. Allison</u>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Charles M. Harmon

Licensed Embalmer No. 44

P. O. Address Waltham

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