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FILED DEC 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42356**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **2052** Registrar's No. **34**

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>	c. LENGTH OF STAY (in this place) <b>lifetime in</b>	c. CITY OR TOWN <b>Sedalia</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>605 South Osage</b>		STREET ADDRESS (If rural, give location) <b>605 South Osage</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>M.</b> c. (Last) <b>ALLCORN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 12, 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 19, 1880</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrical foreman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Mo-Pac R.R. Shops</b>	11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> <b>Pettis County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Allcorn</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Paxton</b>	14. NAME OF HUSBAND OR WIFE <b>Minnie Moore Johns Allcorn</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>702-18-5598</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Minnie Allcorn, 605 S. Osage Sedalia, Mo</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>1/2 hr</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Atherosclerosis</b>	DUE TO (b) <b>Coronary Thrombosis</b>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>420.1</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **12/12**, 19**56**, to **12/14**, 19**56**, that I last saw the deceased alive on **12/12**, 19**56**, and that death occurred at **12:27** p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>H. L. Hotelun</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>1116 W. 2nd St Sedalia Mo</b>	23c. DATE SIGNED <b>12/13/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/15/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cem Sedalia Mo.</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>12-14-56</b>	REGISTRAR'S SIGNATURE <b>Lorne Cooney</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Shane Ewing Sedalia Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

1951 8 8 1951

1951 8 8 1951

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 *P. E. Baker*.....

Licensed Embalmer No. *2419*

P. O. Address *Bedalia*

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.