

300
1-56

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

2

FILED JAN 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1968

STATE FILE NUMBER

Registration District No. 200

Primary Registration District No. 3/32

Register's No. 2

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Elmer Easley TWP.</u>		c. CITY OR TOWN <u>Elmer</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Lee</u> Last <u>Allen</u>		4. DATE OF DEATH Month <u>January</u> Day <u>5</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>October 8 1933</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Elmer Macon Co Mo</u>	
13. FATHER'S NAME <u>Virgil Allen</u>		14. MOTHER'S MAIDEN NAME <u>Evelyn Teter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		17. INFORMANT <u>Virgil Allen</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>Fractured chest & neck</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>Tractor Turned over & Crushed him</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>9/21/3</u>		12. CITIZEN OF WHAT COUNTRY? <u>U; S. A.</u>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Tractor turned Over going up Hill</u>	
20c. TIME OF INJURY Hour <u>10</u> a. m. <u>5</u> p. m. Month, Day, Year <u>Jan 5, 1957</u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Elmer</u>	
21. I attended the deceased from _____, to _____, and last saw her alive on _____ Death occurred at <u>10:00 A. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Lester Whitton Coroner</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. NAME OF CEMETERY OR CREMATORY <u>Elmer</u>	
23c. DATE <u>Jan 7 1957</u>		23d. LOCATION (City, town, or county) (State) <u>Elmer Macon County Mo</u>	
24. FUNERAL DIRECTOR <u>A. H. McCall</u>		25. DATE RECD. BY LOCAL REG. <u>1-14-57</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>		27. DATE SIGNED <u>Jan 7 1957</u>	

(Licensed Embalmer's Statement on Reverse Side)

JAN 31 1957

JAN 28 1957

FEB 18 1957

Date Filed 1-24-57

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.....
J. H. McCallum

Licensed Embalmer No. 205

P. O. Address South G...

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