

FILED JUN 11 1957 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>5245</u>		Registrar's No. <u>93</u>	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Keytesville Twp.</u>		c. LENGTH OF STAY (In this place) <u>87</u> years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Keytesville, Twp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8-Miles S.E of Keytesville</u>				d. STREET ADDRESS (If rural, give location) <u>8-Miles S.E. of Keytesville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u>		b. (Middle) <u>Thomas</u>		c. (Last) <u>Allega</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 4th, 1957</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Sept 7th, 1869</u>	
9. AGE (In years last birthday) <u>87</u>		# UNDER 1 YEAR Months		# UNDER 1 YEAR Days		# UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Keytesville, Twp. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William P. Allega</u>		13b. MOTHER'S MAIDEN NAME <u>Missouri ANN Cravens</u>		14. NAME OF HUSBAND OR WIFE <u>Ada Allega</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Raymond Spence, Keytesville, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis</u> ANTECEDENT CAUSES <u>Germany Sclerosis</u> DUE TO (b) _____ 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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)			
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?			
22. I hereby certify that I attended the deceased from <u>5-17</u> , 19 <u>57</u> , to <u>6-4</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>6/4</u> , 19 <u>57</u> , and that death occurred at <u>7:30 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. J. H. Smith</u>				23b. ADDRESS <u>Keytesville, Mo.</u>		23c. DATE SIGNED <u>6/6/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 6th, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Asbury</u>		24d. LOCATION (City, town, or county) (State) <u>Chariton County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-6-57</u>		REGISTRAR'S SIGNATURE <u>W. H. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Keytesville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0210

550

JUL 10 1957

JUL 28 1957

JUL 12 1957

**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 *H. D. Garritt*

Licensed Embalmer No. *3046*

P. O. Address *Key West Fla*

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.