

Health, Welfare, Public Service
0380
-56
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Director, coroner, etc. must use only standard nomenclature in Part 10. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FILED JUL 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24105

Registration District No. 120 Primary Registration District No. 5449 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Ford City TOWN		c. CITY OR TOWN Ford City Inside Limits ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If outside, give location) in county Reside on Farm ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Lewis Middle George Last Allenbrand		4. DATE OF DEATH 7.16.1957 Month 7 Day 16 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 2.6.1877
9. AGE (In years last birthday) 80		10. IF UNDER 1 YEAR Months 5 Days 10 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Gentry Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Joseph Allenbrand		14. MOTHER'S MAIDEN NAME Minnie Eberle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Etta Allenbrand		Address King City Mo. RR.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis Cerebral DUE TO (c) 420.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		INTERVAL BETWEEN ONSET AND DEATH Sudden 3 yrs	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. Month p. m. Day 11 Year 1957			
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.)	
20f. CITY, TOWN, OR LOCATION King City Mo.		COUNTY Mo. STATE Mo.	
21. I attended the deceased from 1954 to July 16, 1957 and last saw him alive on 7/13/57 Death occurred at 7.16.1957, 11 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. H. Bluechack M.D. (Degree or title)		22b. ADDRESS King City Mo.	
22c. DATE SIGNED 7/18/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7.19.1957	
23c. NAME OF CEMETERY OR CREMATORY King City		23d. LOCATION (City, town, or county) (State) King City Mo.	
24. FUNERAL DIRECTOR R.G. Taggart ADDRESS King City Mo.		25. DATE RECD. BY LOCAL REG. 7-21-57	
26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare			

(Licensed Embalmer's Statement on Reverse Side)

FEB 13 1959

MAR 5 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *R. G. Toggart*.....
Licensed Embalmer No. 256

P. O. Address King City

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.