

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28807

STATE FILE NUMBER

FILED SEP 13 1957

Registration District No. 211

Primary Registration District No. 4324

Registrar's No. 39-57

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) Tuscumbia Inside Limits Yes ☐ No ☒		c. CITY OR TOWN Iberia, Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) Humphreys Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) John Patrick Allee First Middle Last		4. DATE OF DEATH Aug 26, 1957 Month Day Year	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 4/29/1873
9. AGE (In years last birthday) 84		10. IF UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during preceding life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) California Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Nathaniel G. Allee		13b. MOTHER'S MAIDEN NAME Mary C. Woods	
14. NAME OF HUSBAND OR WIFE Lucy Jane Allee			
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.	
17. INFORMANT Lucy Allee Iberia, Mo Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rheumatic heart disease & mitral stenosis DUE TO (c) strenuous PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 410X			INTERVAL BETWEEN ONSET AND DEATH 20 hrs. years
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE WORK ☐ AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Iberia, Mo		COUNTY STATE	
21. I attended the deceased from July 1957 to Aug 26, 1957 and last saw him alive on Aug. 26, 1957 Death occurred at 11:25 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) M. E. Humphreys D.O.		22b. ADDRESS Tuscumbia, Mo	
22c. DATE SIGNED 8-28-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/29/57	23c. NAME OF CEMETERY OR CREMATORY Curry	
23d. LOCATION (City, town, or county) Iberia, Mo		(State)	
24. FUNERAL DIRECTOR Hedges Funeral Homes Inc Iberia, Mo		25. DATE RECD. BY LOCAL REG. Sept 2, 57	
26. REGISTRAR'S SIGNATURE Mrs. H. E. Kallenbach			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

RECEIVED

SEP 9 '57

SEP 13 1957

Miller County
Health Department

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 *Walter P. Hedger*

Licensed Embalmer No. *4265*

P. O. Address *Peris, Mo.*

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.