

pt. Health,
, & Welfare
S. Public
with Service

Dr. Wakeman

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44023
STATE FILING NUMBER

FILED DEC 23 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1191

S. 300
ev. 1-57
0396

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2108 N. Lyon		Length of stay in lb 74 Yrs.	d. STREET ADDRESS (If outside, give location) 2108 N. Lyon		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JAMES Middle C. Last ALLAN			4. DATE OF DEATH Month Dec. Day 13 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 11 1868	9. AGE (In years) 89 (in day)	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life) Retired Chief Clerk	10b. KIND OF BUSINESS OR INDUSTRY FRISCO R.R.	11. BIRTHPLACE (City and state or country) Tennessee		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Steven Girard Allan		13b. MOTHER'S MAIDEN NAME Clara N.		14. NAME OF HUSBAND OR WIFE Mina Allan	
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 Mrs. Mina Allan Address Springfield, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thrombosis, Coronary					INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)				
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. Attended the deceased from death occurred at 6 a.m. to Dec 13 57 and last saw her/him alive on Dec 13 57 <i>Real on arrival</i> and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Dr. Newton Wakeman M.D.		22b. ADDRESS Springfield Mo		22c. DATE SIGNED 12-13-57	
23a. BURIAL, CREMATION, or other disposal (Specify) Burial	23b. DATE 12/16/57	23c. NAME OF CEMETERY OR CREMATORY Greenlawn	23d. LOCATION (City, town, or county) (State) Springfield, Mo.		
24. FUNERAL DIRECTOR H.H. Lohmeyer ADDRESS Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 12-16-57	26. REGISTRAR'S SIGNATURE <i>Edith Williamson</i>		

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.

DEC 23 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

[Handwritten signature]

Signed *[Handwritten signature: W. H. McCarroll]*

Licensed Embalmer No. *2727*

P. O. Address *[Handwritten address]*

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.