

FILED FEB 5 1958

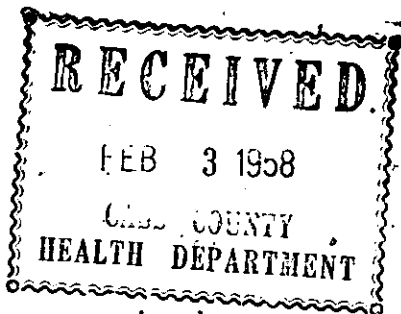
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 554  
10

BIRTH NO.		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4100		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Strasburg		c. LENGTH OF STAY (in this place) 1 hour		c. CITY OR TOWN Kingsville		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. Right of Way				e. STREET ADDRESS (If rural, give location) Main Street, 05100			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Sylvanus		c. (Last) Allee		4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 2/28/1898	9. AGE (in years last birthday) 59	IF UNDER 1 YEAR Months Days IF UNDER 1 MTH. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Laborer		10b. KIND OF BUSINESS OR INDUSTRY MOP. R.R.		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Wm. C. Allee		13b. MOTHER'S MAIDEN NAME Elizabeth Jones		14. NAME OF HUSBAND OR WIFE Esther Davidson Allee			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 500-10-7622		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Esther Davidson, Kingsville, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Trauma (Skull Fracture)  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Train accident  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  800 X				INTERVAL BETWEEN ONSET AND DEATH sudden	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		35		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Railroad Right of Way		21c. CITY, TOWN, OR TOWNSHIP Strasburg 019 (COUNTY) Cass (STATE) Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 21/58 00 PM		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? struck by train while working			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on D. O. A., 19____, and that death occurred at 2:00 P. M., from the causes and on the date stated above.							
23a. SIGNATURE Edward Jander Jr. (Degree or title) (Crown)				23b. ADDRESS Pleasant Hill, Mo		23c. DATE SIGNED 1/21/58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/24/1958		24c. NAME OF CEMETERY OR CREMATORY Kingsville Cemetery		24d. LOCATION (City, town, or county) (State) Kingsville, Missouri.	
DATE RECD BY LOCAL REG. 1/26/58		REGISTRAR'S SIGNATURE Dora Barward		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Canaday & Ropp, Holden, Missouri.			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 6 1958



MAY 22 1961

---

### 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 *M. J. Canady* .....

Licensed Embalmer No. .... 3434

P. O. Address ... Holden, Mi

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.