

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **744**

FILED JAN 22 1958

BIRTH NO. _____		REG. DIST. NO. 99		PRIMARY REG. DIST. NO. 5373		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY DeKalb b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maysville c. LENGTH OF STAY (in this place) Unknown d. FULL NAME OF HOSPITAL OR INSTITUTION Maple Lawn Rest Home				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DeKalb c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maysville (Rural) d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) PETER c. (Last) ALLERDICE		4. DATE OF DEATH (Month) (Day) (Year) Jan. 13 1958		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married		8. DATE OF BIRTH Jan. 26 1882		9. AGE (In years last birthday) 75		10. UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner & Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Centerville Iowa.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Alex Allerdice		13b. MOTHER'S MAIDEN NAME Mary L. Rizor		14. NAME OF HUSBAND OR WIFE XXXX			
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. 500-03-1122A		17. INFORMANT'S SIGNATURE OR NAME Earl Meritt Maysville Mo/		ADDRESS	
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) Chronic Myocarditis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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? 0 YES ☐ 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) 4222			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK? ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 22, 1957 , to Jan 13, 1958 , that I last saw the deceased alive on Jan 13, 1958 , and that death occurred at 5:00 A.M. from the causes and on the date stated above.							
23a. SIGNATURE W. H. Herald, Fowler M.D.		23b. ADDRESS Maysville Missouri		23c. DATE SIGNED 1/14-58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/15-58		24c. NAME OF CEMETERY OR CREMATORY Oak Lawn		24d. LOCATION (City, town, or county) (State) Maysville Missouri	
DATE REC'D BY LOCAL REG. 1/15-58		REGISTRAR'S SIGNATURE W. H. Herald		25. FUNERAL DIRECTOR'S SIGNATURE PILCHER FUNERAL HOME		ADDRESS MAYSVILLE MISSOURI	

STATEMENT BY LICENSED EMBALMER

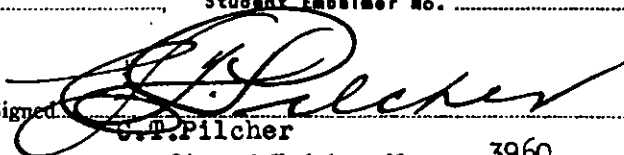
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



G. F. Pilcher

Licensed Embalmer No. 3960

P. O. Address Mayesville Missouri

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.