Health, & Welfare Public Service 96 300 1 1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-028766
STATE FILE NUMBER

FILED AUG 18 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 792

| | |
|---|---|
| 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 OR TOWN Springfield — Inside Limits Yes [X] No [ ] | c. CITY OR TOWN Springfield 0396 — Inside Limits Yes [X] No [ ] |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2318 W. Atlantic — Length of stay in Ib 30 yrs. | d. STREET ADDRESS (If outside, give location) 2318 W. Atlantic — Reside on Farm Yes [ ] No [X] |

3. NAME OF DECEASED (Type or print): First ELMER Middle EMERSON Last ALLHANDS

4. DATE OF DEATH: Month Aug. Day 9 Year 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Jan. 16, 1901

9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Painter

11. BIRTHPLACE (City and state or country): Christian County, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Eugene Allhands

13b. MOTHER'S MAIDEN NAME: Margaret Earnhart

14. NAME OF HUSBAND OR WIFE: Esther Allhands

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 491-05-0657

17. INFORMANT: Esther Allhands, Springfield, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: NOT KNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 002 X

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 [ ] NO [X]

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. p.m. Month, Day, Year

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 COUNTY STATE

21. I attended the deceased from April 1958, to Aug. 9, 1958 and last saw him alive on Aug 6-1958
Death occurred at 5:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) M.D.

22b. ADDRESS Springfield Mo

22c. DATE SIGNED 8-11-58.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Aug. 11, 1958

23c. NAME OF CEMETERY OR CREMATORY: Hazelwood

23d. LOCATION (City, town, or county) (State): Springfield, Greene, Mo.

24. FUNERAL DIRECTOR ADDRESS: Ralph Thieme Springfield, Mo.

25. DATE RECD. BY LOCAL REG.: 8-13-58

26. REGISTRAR'S SIGNATURE: Effie G. Mellon

(Licensed Embalmer's Statement on Reverse Side)

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.

AUG 20 1958

JAN 19 1959

## 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 .....Lee Mason.....

Licensed Embalmer No. 4568

P. O. Address .....Springfield.,

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.