

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031491
State File No.

FILED SEP 2 1958

BIRTH NO.

REG. DIST. NO. 361

PRIMARY REG. DIST. NO. 4515 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY SULLIVAN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SULLIVAN									
b. CITY (If outside corporate limits, write RURAL and give town) MILAN		c. LENGTH OF STAY (In this place) 10 days		c. CITY OR TOWN HUMPHREYS 1050		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION SULL. CO. MEM. HOSPITAL				STREET ADDRESS (If rural, give location)									
3. NAME OF DECEASED (Type or Print) a. (First) GUSTAVAS		b. (Middle) WASAY		c. (Last) ALLEN		4. DATE OF DEATH (Month) 8 (Day) 23 (Year) 1958							
5. SEX MALE <input checked="" type="checkbox"/>		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH 2/23/1892							
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months 6		IF UNDER 1 YEAR Days 1		IF UNDER 1 YEAR Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY FARMING			11. BIRTHPLACE (City and State or Foreign Country) HUMPHREYS, MISSOURI							
12. CITIZENRY OF WHAT COUNTRY U. S. A.			13a. FATHER'S NAME THEODORE ALLEN		13b. MOTHER'S MAIDEN NAME ALMIRA DUNLAP		14. NAME OF HUSBAND OR WIFE DECEASED						
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. 444-40-9722		17. INFORMANT'S SIGNATURE OR NAME Raymond Donoho				ADDRESS Humphreys 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 7 da			
ANTECEDENT CAUSES		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. Lobular pneumonia		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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) 4201 (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 8/17, 1958, to 8/22, 1958, that I last saw the deceased alive on 8/22, 1958, and that death occurred at 7:18 a.m., from the causes and on the date stated above.								23a. SIGNATURE J.R. Murtaw (Degree or title)		23b. ADDRESS Humphreys MO		23c. DATE SIGNED 8-25-1958	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-26-58		24c. NAME OF CEMETERY OR CREMATORY Humphreys Cem		24d. LOCATION (City, town, or county) Humphreys MO (State)							
DATE REC'D BY LOCAL REG. 8-26-58		REGISTRAR'S SIGNATURE Mrs. M.W. Beckwith		25. FUNERAL DIRECTOR'S SIGNATURE P.K. Raymond				ADDRESS Glen Galt MO					

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 9 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..... *PK Payne Jr*.....
Licensed Embalmer No. *340*.....
P. O. Address..... *Galt*.....

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.