

Health,
& Welfare
Public
S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032294

STATE FILE NUMBER

FILED SEP 23 1958

Registration District No. 120

Primary Registration District No. 5450

Registrar's No. 25-1

1. PLACE OF DEATH a. COUNTY Genury		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Genury	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Miller Twp.		c. CITY OR TOWN Darlington Rt. #1	
c. FULL NAME OF HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (Rural)	
3. NAME OF DECEASED (Type or print) First Middle Last Thomas Edward Allenbrand		4. DATE OF DEATH Month Day Year Sept. 14-1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 2/7/65
9. AGE (In years last birthday) 73		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Genury Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Isaac Allenbrand		13b. MOTHER'S MAIDEN NAME Victoria Green	
14. NAME OF HUSBAND OR WIFE Bessie Allenbrand		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no None	
16. SOCIAL SECURITY NO. None		17. INFORMANT rt. #1 Bessie Allenbrand Darlington, 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) CHRONIC MYOCARDITIS & MYOCARDIAL DEGENERATION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) 4321 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (1) ARTERIOSCLEROSIS GENERAL (2) UREMIA FROM NEPHRITIS (3) SENILITY		INTERVAL BETWEEN ONSET AND DEATH 104 RS	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒			
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE WORK ☐ 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 July 14, 1950. to Sept. 14, 1958 and last saw him alive on Sept. 14, 1958 Death occurred at 7:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Jack A. Barnes D.O.		22b. ADDRESS King City, Mo.	
22c. DATE SIGNED 9-16-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/16/58	
23c. NAME OF CEMETERY OR CREMATORY Grandview Cem.		23d. LOCATION (City, town, or county) (State) Albany, Mo.	
24. FUNERAL DIRECTOR Taggart-Woodrrel, King City, Mo.		25. DATE RECD. BY LOCAL REG. 9-17-58	
26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare			

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.

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 Harold E. Woodruff

Licensed Embalmer No. 4609

P. O. Address King City, Mo.

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.