

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037096  
STATE FILE NUMBER

FILED OCT 24 1958 Registration District No. 207 Primary Registration District No. Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <b>Maries</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Maries</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Johnson Twp.</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Vichy, Mo.</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>His Home</b>		Length of stay in 1b <b>72 Yrs.</b>	
		d. STREET ADDRESS (If outside, give location) <b>Rural Route 1.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Ira</b> Middle <b>Albert</b> Last <b>Allen</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>15,</b> Year <b>1958.</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 12, 1858</b>	9. AGE (In years last birthday) <b>100</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>3</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Wisconsin</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13. FATHER'S NAME <b>Ira Allen</b>	14. MOTHER'S MAIDEN NAME <b>Marietta Weaver</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Kenneth Allen</b> Address <b>Vichy, Mo.</b>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>arterial sclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Infarmites</b>	
	DUE TO (c) <b>old age</b> <b>4500</b>	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a. m. <b></b> p. m. <b></b>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Vichy</b>	COUNTY <b>Maries</b>	STATE <b>Mo.</b>
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Vichy</b>	COUNTY <b>Maries</b>	STATE <b>Mo.</b>
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21. I attended the deceased from **Oct 11 1958** to **Oct 11 1958** and last saw her alive on **Oct 11 1958**  
and last saw him alive on **Oct 11 1958**  
Death occurred at **11:30 P. m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Wm. L. Medford</b>	22b. ADDRESS <b>Vichy</b>	22c. DATE SIGNED <b>Oct 17 1958</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10/18/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Feeler Cemetery</b>	23d. LOCATION (City, town, or county) <b>Maries County, Mo.</b>	(State) <b>Mo.</b>
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24. MONITOR DIRECTOR <b>M. O. Mumy</b>	ADDRESS <b>Vienna, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Oct 18 1958</b>	26. REGISTRAR'S SIGNATURE <b>A. Maybelle White</b>
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(Licensed Embalmer's Statement on Reverse Side)

300  
1-56  
0630  
1  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
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. Coroner cannot certify to a death due to natural causes.

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 me, Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed J. B. Cunningham

Licensed Embalmer No. 36

P. O. Address Cum...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.