

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040532

STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 109 Primary Registration District No. 5618 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 3 Miles east of Adair		c. CITY OR TOWN Edina, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway # 11		d. STREET ADDRESS (If outside, give location) 052	
3. NAME OF DECEASED (Type or print) First Jackie Middle James Last Allen		4. DATE OF DEATH Month Dec Day 7 Year 1958	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 6, 1927
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		9b. KIND OF BUSINESS OR INDUSTRY Knox County	
10a. FATHER'S NAME Ode Allen		10b. MOTHER'S MAIDEN NAME Myrtle Waggener	
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12. SOCIAL SECURITY NO. 493-28-3942	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Contusion DUE TO (c) Automobile Accident. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		14. NAME OF HUSBAND OR WIFE None	
15. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		16. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
17. TIME OF INJURY Hour 8:00 Month Dec Day 7 Year 58 p.m.		18. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK	
19. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 3 Miles East of Adair		20. CITY, TOWN, OR LOCATION Highway # 11 COUNTY Knox STATE Missouri	
21. I attended the deceased from Death occurred at 6:00 to Dec 7 and last saw her alive on Dec 7 on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) E. H. Gibson	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec 10, 1958	
23c. NAME OF CEMETERY OR CREMATORY Linville Cemetery		23d. LOCATION (City, town, or county) (State) Edina, Missouri	
24. FUNERAL DRESSING ADDRESS Hudson Funeral Home Edina, Mo		25. DATE RECD. BY LOCAL REG. Dec-13-1958	
26. REGISTRAR'S SIGNATURE Thelma L. Hunsaker		27. DATE SIGNED 12-9-58	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 18 1956

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 *AGP*

Licensed Embalmer No. *5041*

P. O. Address *Edina, Mn*

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.