

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044773

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 178

Primary Registration District No.

Registrar's No. 88

S. 300 4
1-57
0560

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Lewis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lewis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Reddish		Inside Limits Yes ☐ No ☐		c. CITY OR TOWN Canton		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Prairie View Rest Home		Length of stay in lb 2 weeks		d. STREET ADDRESS 503 S. 3rd		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First James K. Middle Allensworth Last Allensworth				4. DATE OF DEATH Month Dec. Day 13 Year 1958			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Dec. 25, 1870		9. AGE (In years Last birthday) 87	IF UNDER 1 YEAR Months 8 Days 7 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Railroad ties		11. BIRTHPLACE (City and state or country) Ewing, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Allensworth		13b. MOTHER'S MAIDEN NAME Frankie Hindes		14. NAME OF HUSBAND OR WIFE Lucy M. Settles			
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. None		17. INFORMANT Address Judy Allensworth, Canton, 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) Cerebro Vascular Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X						INTERVAL BETWEEN ONSET AND DEATH 3 days	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 331X					
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 1 Dec 58 to 13 Dec 58 and last saw him alive on 13 Dec 58 Death occurred at 12:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John W. Will DO 2				22b. ADDRESS Lewis Loux MO		22c. DATE SIGNED 16 Dec 58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/15/58		23c. NAME OF CEMETERY OR CREMATORY Forest Grove		23d. LOCATION (City, town, or county) (State) Canton, Lewis County, Mo.	
24. FUNERAL DIRECTOR Carl H. Buckley, Canton Mo				25. DATE RECD. BY LOCAL REG. 12-19-58		26. REGISTRAR'S SIGNATURE D. W. Jennings, M.D.	

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

Earl H. Buckley

Licensed Embalmer No. *2615*

P. O. Address *Canton, 74*

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.