

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010377

STATE FILE NUMBER

FILED APR 14 1959

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

125

1. PLACE OF DEATH

a. COUNTY

Pettis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Sedalia

Inside Limits  
Yes ☐ No ☐

c. CITY  
OR  
TOWN

Sedalia 0804

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Sedalia Rest Home

Length of stay in 1b  
4 yrs

d. STREET ADDRESS (If outside, give location)

711 N. Missouri

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

John W Allen

4. DATE OF DEATH

Month

Day

Year

4-4-1959

5. SEX

Male <sup>2</sup>

6. COLOR OR RACE

Negro

7. MARRIED ☐ NEVER MARRIED ☐

WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH

Unknown

9. AGE (In years last birthday)

85

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)

Hotel Waiter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Pettis Co Mo

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Emily Talton

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Birdie Green Sedalia 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

INTERVAL BETWEEN ONSET AND DEATH

1 yr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arterio Sclerotic disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Benign dementia 4 2 21

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 a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE 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 10-5-57 to 4-29-59 and last saw him alive on 4-4-59  
Death occurred at 4-4-59 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

A. R. Maddox, M.D.

22b. ADDRESS

Sedalia Mo

22c. DATE SIGNED

4-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-7-59

23c. NAME OF CEMETERY OR CREMATORY

Glenn Cemetery

23d. LOCATION (City, town, or county)

Sedalia Pettis Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

E. Sterling Bills 1212 W. 12th St. Sedalia Mo

25. DATE RECD. BY LOCAL REG.

Apr 7 1959

26. REGISTRAR'S SIGNATURE

Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *E. Sterling Bell* .....

Licensed Embalmer No. *3178* .....

P. O. Address *1212 7th* .....

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.