

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012642

STATE FILE NUMBER

FILED APR 21 1959 Registration District No. 65 Primary Registration District No. Registrar's No. 12

1. PLACE OF DEATH a. COUNTY CHARITON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CHARITON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BRUNSWICK TWP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN BRUNSWICK MO.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm 1 1/2 mi. N of City				Length of stay in 1b		d. STREET ADDRESS 1 1/2 mi. NORTH	
3. NAME OF DECEASED (Type or print) WILLIAM FREDRICK ALLEN				4. DATE OF DEATH 4-7-1959			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 7-19-1894	
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAIL CARRIER.		11. BIRTHPLACE (City and state or country) BUCKLIN, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME PAUL ALLEN.				14. MOTHER'S MAIDEN NAME MARY A. RILEY.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) none.		16. SOCIAL SECURITY NO.		17. INFORMANT Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound on left chest							INTERVAL BETWEEN ONSET AND DEATH Seconds
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)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Shot himself with S&W .38 Smith & Wesson					
20c. TIME OF INJURY Hour 9:00 Month, Day, Year 4-7-1959							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) farm home		20f. CITY, TOWN, OR LOCATION Brunswick Twp		20g. COUNTY Chariton	
20h. STATE MO		21. I attended the deceased from 8:00 P to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) H. D. Gantt Coroner of Chariton County				22b. ADDRESS Key toville MO		22c. DATE SIGNED 4/9/1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 4-14-59		23c. NAME OF CEMETERY OR CREMATORY ELLIOTT GROVE CEM.		23d. LOCATION (City, town, or county) (State) BRUNSWICK MISSOURI	
24. FUNERAL DIRECTOR A. C. McCurry		ADDRESS Brunswick MO		25. DATE RECD. BY LOCAL REG. 4-11-59		26. REGISTRAR'S SIGNATURE Howie Smith Deputy.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

APR 8 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *L. E. McCarty*.....

Licensed Embalmer No. *48*

P. O. Address *Brunswick*

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.