

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012895

STATE FILE NUMBER 30

FILED APR 21 1959

Registration District No. 120 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>(Rural) Miller Twp.</b>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>McFall</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>				Length of stay in lb <b>All Life</b>		d. STREET ADDRESS (If outside, give location) <b>Rural</b>	
3. NAME OF DECEASED (Type or print) First <b>Hiram</b> Middle <b>D.</b> Last <b>Allenbrand</b>				4. DATE OF DEATH Month <b>April</b> Day <b>2</b> Year <b>1959</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>June 28, 1386</b>	
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months <b>72</b> Days <b>0</b>		IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Self Employed</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Gentry County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>							
13a. FATHER'S NAME <b>Joseph Allenbrand</b>				13b. MOTHER'S MAIDEN NAME <b>Minnie Eberle</b>		14. NAME OF HUSBAND OR WIFE <b>Melissa Allenbrand</b>	
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>427-40-5466</b>		17. INFORMANT Address <b>McFall, Mo.</b> <b>Mrs. Melissa Allenbrand</b>	
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>Carcinomatous</b> DUE TO (b) <b>Carcinoma of prostate</b> DUE TO (c) <b>177X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <b>?</b> <b>?</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.)			
20c. TIME OF INJURY Hour <b>a.m.</b> Month, Day, Year <b>p.m.</b>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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>King City</b>		STATE <b>Missouri</b>	
21. I attended the deceased from <b>November 1, 1958</b> and last saw her alive on <b>April 2, 1959</b> Death occurred at <b>8:45 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>J. A. Sweigert M.D.</b> (Degree or title)				22b. ADDRESS <b>Wayville, Mo.</b>		22c. DATE SIGNED <b>4/4/59</b>	
23a. BURIAL, CREATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4/4/59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>King City Cem.</b>		23d. LOCATION (City, town, or county) <b>King City Missouri</b>	
24. FUNERAL DIRECTOR <b>Harold E. Noel</b> ADDRESS <b>King City, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>4-13-59</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. L. W. Bare</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

MS 776 21030

### 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 Harold E. Koedel

Licensed Embalmer No. 4609.....  
P. O. Address King City, Mo.

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.