IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–032993
STATE FILE NUMBER

FILED VS SEP 16 1959

Registration District No. 167 Primary Registration District No. 3040 Registrar's No. 221

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Chillicothe — Length of stay in 1b: 78 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Susan Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Livingston
c. CITY OR TOWN: Chillicothe — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 413 Waples — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Cora Middle: Bell Last: Allnutt
4. DATE OF DEATH: Month August Day 26 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10-1-1880
9. AGE (last birthday): 78 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Chillicothe, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: George Runion
13b. MOTHER'S MAIDEN NAME: Lillie Jewell
14. NAME OF HUSBAND OR WIFE: Thomas B. Allnutt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Albert Sheppard; Address: 114 Plaines North Pekin, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonia (Terminal) — INTERVAL BETWEEN ONSET AND DEATH: 2 days
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 WORK ☐ 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 Sept. 5-58, to Aug 26 59 and last saw her alive on Aug 24-59
Death occurred at two a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Joseph A. Conrad M.D. (Degree or title)
22b. ADDRESS: Chillicothe, Mo
22c. DATE SIGNED: Aug 28-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-28-59
23c. NAME OF CEMETERY OR CREMATORY: Tiberghien
23d. LOCATION (City, town, or county) (State): Livingston County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Norman Funeral Home; Chillicothe, Mo.
25. DATE RECD. BY LOCAL REG.: Aug 28/59
26. REGISTRAR'S SIGNATURE: Frances B Neill

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed John Bolin

Signature of Student Embalmer

Licensed Embalmer No 5035

P. O. Address Chillicothe, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
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.