

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012042

FILED VS APR 12 1960 274

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. Registrar's No. 145

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. COUNTY Pettis		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Route #2, Sedalia		a. STATE Missouri b. COUNTY Pettis		c. CITY OR TOWN Sedalia			
Length of stay in 1b Lifetime		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route #2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last				4. DATE OF DEATH Month Day Year					
GEORGE E. ALLCORN				March 25, 1960					
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 Jan. 2, 1884	9. AGE (last birthday) 76	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) Retired-Electrician		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pacific Shops		11. BIRTHPLACE (City and state or country) Rt. #2, Sedalia, Mo.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME William S. Allcorn		13b. MOTHER'S MAIDEN NAME Martha Paxton		14. NAME OF HUSBAND OR WIFE Mrs. Irene Allcorn					
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. ---		17. INFORMANT Address Mrs. Irene Allcorn, Rt. 2, 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) Myocardial Infarction DUE TO (b) Coronary Atherosclerosis DUE TO (c) Generalized Atherosclerosis				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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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		COUNTY STATE			
21. I attended the deceased from 12 Sept 55 to 25 Mar 60 and last saw him alive on 18 Mar 60				Death occurred at 3:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Carl Heckart M.D.		(Degree or title)		22b. ADDRESS 1316 West 18th St Sedalia, Mo.		22c. DATE SIGNED 29 Mar 60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 28, 1960		23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		23d. LOCATION (City, town, or county) Sedalia, Mo. (State)			
24. FUNERAL DIRECTOR D.W. Heckart - Sedalia, Missouri.		ADDRESS Gillespie Funeral Home,		25. DATE RECD. BY LOCAL REG. 4-4-1960		26. REGISTRAR'S SIGNATURE Frances Shelby			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS APR 14 1960 SA

APR 27 1960

**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 Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Sedalia, 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.