

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019253

FILED VS MAY 19 1960
INDEXED

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 53

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron									
b. CITY (If outside corporate limits, give TOWNSHIP only) Arcadia		Length of stay in 1b 7 life		c. CITY OR TOWN Arcadia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 mi. SE of Ironton			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7 mi. SE of Ironton		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH NICHOLAS ALLGIER				4. DATE OF DEATH Month Day Year May 4 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 Mar 1 1896		9. AGE (last birthday) 64		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Iron County Missouri		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Pete Allgier				13b. MOTHER'S MAIDEN NAME Emma Hurt				14. NAME OF HUSBAND OR WIFE Essie Royer Allgier					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I				16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Essie Allgier, Ironton 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) Cerebral hemorrhage										INTERVAL BETWEEN ONSET AND DEATH 1 hour			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Possible cerebral aneurysm										2 years			
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 a.m. p.m. 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 _____, to _____ and last saw ^{her} him alive on 5-4-60 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) <i>Harwin C. Meane M.D.</i>						22b. ADDRESS			22c. DATE SIGNED				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5-7-60		23c. NAME OF CEMETERY OR CREMATORY Arcadia Valley Memorial Park, Ironton Mo.				23d. LOCATION (City, town, or county) Ironton Mo.		(State)			
24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo. <i>Andy White</i>				25. DATE RECD. BY LOCAL REG. 5-7-60		26. REGISTRAR'S SIGNATURE <i>Mrs. Aris Jones</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 19 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Amely White

Licensed Embalmer No. 3012

P. O. Address Quinton

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