SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-016879
STATE FILE NUMBER

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 170

FILED JUN 6 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City Mo
Length of stay in 1b: 41 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Charles Still Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Montgomery
c. CITY OR TOWN: Rhineland, Mo
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Adolph Middle: Last: Allgeyer
4. DATE OF DEATH: Month Day Year: 5-26-1961
5. SEX: M
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-10-1897
9. AGE (last birthday): 64
IF UNDER 1 YEAR: Months 4 Days 16
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Carrer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Rhineland, Mo
12. CITIZEN OF WHAT COUNTRY: U S
13a. FATHER'S NAME: Rudolph Allgeyer
13b. MOTHER'S MAIDEN NAME: Annie Bahr
14. NAME OF HUSBAND OR WIFE: Grace Allgeyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War 1
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Grace Allgeyer Address: Rhineland, Mo

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): Cerebral anoxia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Acute Cardiac failure
DUE TO (c): Acute adrenal failure
INTERVAL BETWEEN ONSET AND DEATH:
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 4/27/51 to 5/24/61 and last saw her/him alive on 5/24/61
Death occurred at 8:10 P.m. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE: W. A. Jeter, MD (Degree or title)
22b. ADDRESS: Hermann Mo
22c. DATE SIGNED: 5/28/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May-29-61
23c. NAME OF CEMETERY OR CREMATORY: St Marcus Cemetery
23d. LOCATION (City, town, or county) (State): Rhineland, M o

24. FUNERAL DIRECTOR: D B Baker New Florence, Mo
ADDRESS:
25. DATE RECD. BY LOCAL REG.: 1 June 1961
26. REGISTRAR'S SIGNATURE: R P Harris MD - M Richter Dep.

(Licensed Embalmer's Statement on Reverse Side)

JUN 8 1961

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_____ Signed D R Baker

Signature of Student Embalmer

Licensed Embalmer No. 3375

P. O. Address New Florence, 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.