

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-029989

STATE FILE NUMBER

AMENDED

Registration District No. 178

Primary Registration District No.

Registrar's No. 58

FILED AUG 22 1961

1. PLACE OF DEATH

a. COUNTY

LEWIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Durham, Highland

Length of stay in 1b

3 yr

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Iowa

b. COUNTY

Inside Limits

Yes ☐ No ☐c. CITY
OR TOWN New Bostonc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

CHAYLEY SHAPLEY ALLAN

4. DATE
OF DEATH

Month

Day

Year

Aug 8 1961

5. SEX

male

6. COLOR OR RACE

wh

7. Married

Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

12/16/1886

9. AGE (last birthday)

74

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Button Cutter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Iowa

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

WILLIAM ALLAN

13b. MOTHER'S MAIDEN NAME

MINNIE FIEBLE

14. NAME OF HUSBAND OR WIFE

Jennie Allan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs George Carr, Durham, 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)

CORONARY THROMBOSIS

INTERVAL BETWEEN

ONSET AND DEATH

30 MIN.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying 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☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

NATURAL CAUSES

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.

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 _____ to _____ and last saw her alive on _____.
Death occurred at 5:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Earl H. Barkley, Coroner

22b. ADDRESS

Canton, Mo.

22c. DATE SIGNED

8-10-61

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

Aug 10, 1961

23c. NAME OF CEMETERY OR CREMATORY

Durham

23d. LOCATION (City, town, or county)

2 mi. N. of Durham

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Thomas J. Ewing, Mo

25. DATE RECD. BY LOCAL REG.

8-14-61

26. REGISTRAR'S SIGNATURE

Mrs. Henry Lloyd

(Licensed Embalmer's Statement on Reverse Side)

AUG 23 1961

LEWIS

THE

LEWIS

CHARLES E. CRABILL

WILLIAM ALLEN

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 L. M. Crabill

Licensed Embalmer No. 4905

P. O. Address Ewing, 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.