MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-022721
STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 125

FILED JUL 2 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0405
2 0405
3 2
4 1
5 2
6
7 0
8 0
9 4200
10
11
12 90-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Trenton
Length of stay in 1b: 11 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 720 So. 22nd St.,
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Grundy
c. CITY OR TOWN: Trenton
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 600 Main
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Hattie Middle: May Last: Allnutt

4. DATE OF DEATH: Month 6 Day 25 Year 1962

5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6-19-1881
9. AGE (last birthday): 81
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home maker
11. BIRTHPLACE (City and state or country): Grundy co., Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Frank Shelton
13b. MOTHER'S MAIDEN NAME: Mary Jane Seals
14. NAME OF HUSBAND OR WIFE: Fred Wesley Allnutt Deceased

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.: —
17. INFORMANT: Mrs. Paul Foster Address 720 So. 22nd St., Trenton, 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): Heart Failure
INTERVAL BETWEEN ONSET AND DEATH: 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c): Arteriosclerosis General!

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arterial Hypertension

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 6-20-62, to 6-26-62 and last saw her/him alive on 6-26-62
Death occurred at 6:20 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible]
22b. ADDRESS: TRENTON Mo
22c. DATE SIGNED: 6-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-28-1962
23c. NAME OF CEMETERY OR CREMATORY: Honey Creek Chapel
23d. LOCATION (City, town, or county) (State): Grundy co., Mo.

24. FUNERAL DIRECTOR: Davis-Blackmore ADDRESS: Trenton, Mo.
25. DATE RECD. BY LOCAL REG.: 6-27-62
26. REGISTRAR'S SIGNATURE: Irene Fair

DR. F USON

(Licensed Embalmer's Statement on Reverse Side)

SEP 20 1962

SEP 11 1962

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 Gordon Blackmon

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.