

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031141

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 378

Primary Registration District No. 4552

Registrar's No. 46

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 29 1963

1. PLACE OF DEATH

a. COUNTY Wright

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Mtn Grove

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Mtn. Grove Rest HomeInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Shannonc. CITY
OR
TOWN TeresitaInside 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
Rog Curtis Allis4. DATE OF DEATH
Month Day Year
June 29 19635. SEX
M6. COLOR OR RACE
W7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
3/26/899. AGE (last birthday)
74IF 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)
Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Madison, Kansas12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

E. F. Allis

13b. MOTHER'S MAIDEN NAME

Delledda Morton

14. NAME OF HUSBAND OR WIFE

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.

500-10-3645

17. INFORMANT

William E. Allis Teresita, 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 Apoplexy

INTERVAL BETWEEN
ONSET AND DEATH
30 min.

Arteriosclerosis

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

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, Year20d. 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 6/26/63 to 6/29/63 and last saw her alive on 6/29/63
Death occurred at 3:45 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Mountain Grove, Mo.

22c. DATE SIGNED

7/19/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

7/1/63

23c. NAME OF CEMETERY OR CREMATORY

Pleasant Grove Cem

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

Teresita, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Duncan Funeral Home Mtn. View, Mo.

25. DATE RECD. BY LOCAL REG.

7-19-1963

REGISTRAR'S SIGNATURE

Bernice L. Liberman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 1141

2 1010

3

4 0

5 9

6

7 1

8 0

9 334X

10

11

12 86-2

13 20

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

Charles D. Barton

Licensed Embalmer No.

5107

P. O. Address

W. H. Allen, 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.