

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34822

State File No.

FILED OCT 18 1954

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| BIRTH NO. | | REG. DIST. NO. <u>274</u> | | PRIMARY REG. DIST. NO. <u>3052</u> | | Registrar's No. <u>358</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> | | c. CITY OR TOWN <u>Sedalia</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | e. STREET ADDRESS (If rural, give location) <u>2001 E 9th</u> | |
| 3. FULL NAME OF HOSPITAL OR INSTITUTION <u>Campbell Nursing Home</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 10 1954</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HATTIE</u> | | b. (Middle) <u>ANN</u> | | c. (Last) <u>ALLCORN</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 10 1954</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Feb 19 1873</u> | |
| 9. AGE (In years last birthday) <u>81</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HRS. Hours Min. | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Calhoun Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |
| 13a. FATHER'S NAME <u>A. Frank Remps</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Overhiner</u> | | 14. NAME OF HUSBAND OR WIFE <u>Charles E Allcorn</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles E Allcorn</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemiplegia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhages</u> DUE TO (c) <u>Hypertension + Arterio Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>331 X</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>about 1942</u> , to <u>Sept 10, 1954</u> , that I last saw the deceased alive on <u>Sept 5, 1954</u> , and that death occurred at <u>8:20 p m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>D. W. Walter M.D.</u> | | 23b. ADDRESS <u>Sedalia Mo</u> | | 23c. DATE SIGNED <u>10-12-54</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>10-13-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Englewood cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>10/13/54</u> | | REGISTRAR'S SIGNATURE <u>Rebecca Coontz</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm Laughlin Bros</u> | | ADDRESS <u>Sedalia</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *K P McErary*.....

Licensed Embalmer No. *315*.....

P. O. Address *Sedalia*.....

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.