

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

32963

FILED OCT 31 1955

State File No. 137

No. 300
10-48

522

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

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>137</u>		
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>45 min</u>		c. CITY OR TOWN <u>Clinton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton General Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>304 Truman</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wayne</u> b. (Middle) <u>W.</u> c. (Last) <u>Allman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 27 1955</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 24 1921</u>		
9. AGE (In years last birthday) <u>34</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Highway Patrolman</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Aurora, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Police</u>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>Monte R. Allman</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Beyer</u>			14. NAME OF HUSBAND OR WIFE <u>Wava Allman</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>WW # 2</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wava Allman</u> ADDRESS <u>Clinton, Missouri</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basilar Skull Fracture</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Automobile Accident.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #35</u>		21c. CITY, TOWN, OR TOWNSHIP <u>Creston</u> (COUNTY) <u>Cass</u> (STATE) <u>Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-27-1955 7:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW AND INJURY OCCURRED? <u>Automobile Accident - Control lost - oversteer</u>				
22. I hereby certify that I attended the deceased from <u>10-27</u> , 19 <u>55</u> , to <u>10-27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10-27</u> , 19 <u>55</u> , and that death occurred at <u>5:00</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>W.D. Bradshaw</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>10-28-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>October 29/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>		24d. LOCATION (City, town, or county) (State) <u>Aurora, Missouri</u>		
DATE REC'D BY LOCAL REP. <u>Oct 28-55</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Conner</u> ADDRESS <u>Clinton, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

APR 6 1968

OCT 21 1957

NOV 15 1957

MAR 1 1957

NOV 1 1956

RECEIVED

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 *J E Corvalan*
Licensed Embalmer No. 189

P. O. Address *Clinton*

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.