

FILED JAN 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2501

State File No.

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 1

1. PLACE OF DEATH

a. COUNTY St. Clair

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Appleton City

c. LENGTH OF STAY (in this place) 17 days

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Elliott Memorial Hospital

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

a. STATE Mo

b. COUNTY Henry

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Urich

d. STREET ADDRESS (If rural, give location) 0420

3. NAME OF DECEASED

a. (First) William

b. (Middle) H

c. (Last) Allen

4. DATE OF DEATH (Month) (Day) (Year) Jan. - 18 - 1958

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, 3 WIDOWED, DIVORCED (Specify) DIVORCED

8. DATE OF BIRTH Mar-10-1889

9. AGE (In years last birthday) 68

If UNDER 1 YEAR: Months _____ Days _____

If UNDER 6 HRS.: Hours _____ Min. _____

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

10b. KIND OF BUSINESS OR INDUSTRY -

11. BIRTHPLACE (State or foreign country) Henry County

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Un Known

13b. MOTHER'S MAIDEN NAME Un Known

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. -

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Shirley L. Horton 3115 E. 73rd. Kansas City, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIITIS

ANTECEDENT CAUSES

Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH CHRONIC

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? 2
YES NO

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) 4222

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from MAR, 1957, to Jan 18, 1958, that I last saw the deceased alive on Jan 18, 1958, and that death occurred at 11:20 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert H. Brownhagen M.D.

23b. ADDRESS Appleton City Mo.

23c. DATE SIGNED Jan 18 1958

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan 20 1958

24c. NAME OF CEMETERY OR CREMATORY White Oak Cemetery 2 miles N.W. Piper

24d. LOCATION (City, town, or county) (State) Mo.

DATE REC'D BY LOCAL REG. Jan. 26 - 1958

REGISTRAR'S SIGNATURE Cleo Abney

5. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) Alvin L. Samsens Appleton City

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

MAR 5 1958

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
Student Embalmer

Signed Melvin L. Gaussons

Licensed Embalmer No. 4529

P. O. Address Appleton City

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 this body is not embalmed, fact should be so stated above.