

FILED JUL 31 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER  
68 0028990

## CERTIFICATE OF DEATH

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 374VS 300  
Rev. 1/68

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <b>John Berry ALLSWORTH</b>					Male	3. July 24, 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—(LAST BIRTHDAY (YEARS) MOS. DAYS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. <b>White</b>		5a. <b>67</b>	5b.	5c.	6. <b>May 22, 1901</b>		7a. <b>Jackson</b>
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. <b>Independence</b>		7c. <b>Yes</b>		7d. <b>DOA INDEP. SAN. &amp; HOSPITAL</b>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. <b>Missouri</b>		9. <b>USA</b>		10. <b>Married</b>		11. <b>Daisy Goins</b>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. <b>487-10-3683</b>		13a. <b>Retired</b>		13b.			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER
14a. <b>Missouri</b>		14b. <b>Jackson</b>	14c. <b>Independence</b>		14d. <b>Yes</b>		14e. <b>10712 East 24th</b>
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. <b>Isaac Milton Allsworth</b>					16. <b>Jennie Lawson</b>		
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
17a. <b>Mrs. Daisy Allsworth, 10712 E. 24th St., Indep., Mo.</b>		17b. <b>24th St., Indep., Mo.</b>					
PART I. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		18a. <b>Undetermined, probable coronary occlusion DOA</b>					
(a) DUE TO, OR AS A CONSEQUENCE OF:							
CONDITIONS, IF ANY, WHICH MAY HAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) DUE TO, OR AS A CONSEQUENCE OF:					
		(c)					
PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)					IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. <b>NO</b>		19b. <b>NO</b>					19c. <b>NO</b>
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.		20b.	20c.	20d.			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20a.		20b.	20c.	20d.			
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR
21a. <b>DECEASED #RD</b>							
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
22a.		22b.		22c.		22d.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. <b>ANDREW McCADSE</b>		23b. <b>Andrew McCadse, M.D., Coroner</b>		23c. <b>M.D., Coroner</b>		23d. <b>7/25/1968</b>	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE	
23a.		23b.		23c.		23d.	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN	
24a. <b>Burial</b>		24b. <b>Mt. Washington</b>		24c. <b>Indep., Mo.</b>		24d.	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		FURNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE	
24a. <b>July 26, 1968</b>		24b. <b>GEO. C. CARSON &amp; SONS, Winner &amp; Fuller, Indep., Mo. 64052</b>		24c. <b>George C. Carson</b>		24d. <b>Agnes J. Lewis</b>	
DATE RECEIVED BY LOCAL REGISTRAR		24e. <b>July 29, 1968</b>					

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

## PARENTS

## CAUSE

## CERTIFIER

## BURIAL

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.DO NOT WRITE  
ON THIS STUB

9. 0

10a. 67

10b. 92

11. 0

12. 1

13. 4109

14. 4

15. 7005

16. 3

17. 3

18. 3

19. CREDITS

20. 5-0

1001 10 101 10100

89-2-5

**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 Raymond E. Holman

Licensed Embalmer No. 4266

P. O. Address Independence, 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.