

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0009201

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 336 Primary Registration District No. 6131 Registrar's No. 220

FILED FEB 17 1964

<p><b>1. PLACE OF DEATH</b></p> <p>a. COUNTY <u>Shannon</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jeresita</u> Length of stay in 1b _____</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		<p><b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u></p> <p>c. CITY OR TOWN <u>Jeresita</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>					
<p><b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>Adelbert Freborn Allis</u></p>		<p><b>4. DATE OF DEATH</b> Month Day Year <u>February 9 1964</u></p>					
<p><b>5. SEX</b> <u>M</u></p>	<p><b>6. COLOR OR RACE</b> <u>W</u></p>	<p><b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/></p>	<p><b>8. DATE OF BIRTH</b> <u>12/12/86</u></p>	<p><b>9. AGE</b> (last birthday) <u>78</u></p>	<p><b>IF UNDER 1 YEAR</b> IF UNDER 24 HR Months Days Hours Min.</p>		
<p><b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired laborer</u></p>		<p><b>10b. KIND OF BUSINESS OR INDUSTRY</b></p>		<p><b>11. BIRTHPLACE</b> (City and state or country) <u>Virgil, Kansas</u></p>		<p><b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u></p>	
<p><b>13a. FATHER'S NAME</b> <u>Edgbert Allis</u></p>			<p><b>13b. MOTHER'S MAIDEN NAME</b> <u>Delleeta Morton</u></p>		<p><b>14. NAME OF HUSBAND OR WIFE</b></p>		
<p><b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) <u>no</u></p>			<p><b>16. SOCIAL SECURITY NO.</b> <u>no</u></p>		<p><b>17. INFORMANT</b> Address <u>William E. Allis Jeresita, Mo.</u></p>		
<p><b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Myocardial infarction</u></p> <p style="text-align: center;">DUE TO (b) <u>Arteriosclerosis</u></p> <p style="text-align: center;">DUE TO (c) _____</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Blindness</u></p> <p style="text-align: right;">PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>							
<p><b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/></p>		<p><b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/></p>		<p><b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p><b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year</p>		<p><b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/></p>					
<p><b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p><b>20f. CITY, TOWN, OR LOCATION</b></p>		<p>COUNTY STATE</p>			
<p><b>21. I attended the deceased from</b> <u>1959</u> to <u>1962</u> and last saw her/him alive on <u>April 1962</u> Death occurred at <u>Feb. 9, 1964</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>							
<p><b>22a. SIGNATURE</b> (Degree or title) <u>M.C. Walton M.D.</u></p>			<p><b>22b. ADDRESS</b> <u>Mtn View Mo.</u></p>		<p><b>22c. DATE SIGNED</b></p>		
<p><b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u></p>		<p><b>23b. DATE</b> <u>2/11/64</u></p>	<p><b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Pleasant Grove</u></p>		<p><b>23d. LOCATION</b> (City, town, or county) (State) <u>Jeresita Mo.</u></p>		
<p><b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Duncan Funeral Home Mtn. View, Mo.</u></p>			<p><b>25. DATE RECD. BY LOCAL REG.</b> <u>2-15-64</u></p>		<p><b>26. REGISTRAR'S SIGNATURE</b> <u>Mobile Rose</u></p>		

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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**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. Bostain

Licensed Embalmer No. 5107

P. O. Address Mt. View, 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.