

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3717**

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>59</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (in this place) <u>9 days</u>		c. CITY OR TOWN <u>Edina</u>		0520	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grain Smith Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) <u>FLERA</u>			a. (First) <u>ALLEN</u>			b. (Middle) <u>SWORTH</u>	
c. (Last) <u>SWORTH</u>		4. DATE OF DEATH <u>March 9 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>MARRIED</u>		8. DATE OF BIRTH <u>Oct 21 1865</u>		9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Will Allenworth</u>		13b. MOTHER'S MAIDEN NAME <u>Purlina Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Lottie (Shouse) Allenworth</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 <u>H. L. Allenworth, China Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis with gangrene</u>		ANTECEDENT CAUSES				DUE TO (b) <u>of foot from thrombosis</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				3 weeks	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				4501	
19a. DATE OF OPERATION <u>3-1-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Thrombus in posterior tibial artery</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>2-28</u> , 19 <u>50</u> , to <u>3-9</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-8</u> , 19 <u>50</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>George E. Grim</u> (Degree or title) <u>D M.D.</u>				23b. ADDRESS <u>Kirksville, Missouri</u>		23c. DATE SIGNED <u>3-9-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-9-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kahaka, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Kahaka Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-9-50</u>		REGISTRAR'S SIGNATURE <u>Rate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gutting Funeral Home</u>		ADDRESS <u>Kahaka Mo.</u>	

RECEIVED MAR 10 1950
District Health Officer No. 88
District File Number 3-JD-42
Date Filed MAR 10 1950

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 *Robert B. Davis*.....

Licensed Embalmer No. *4219*.....

P. O. Address *Kirkville, 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 this body is not embalmed, fact should be so stated above.