

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19709

State File No.

FILED JUL 13 1950

BIRTH NO. 16021-571 REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livengston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u> <u>0592</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>36 3rd Street</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>City Street, In Car</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>LARK</u> c. (Last) <u>ALLEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June, 15, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u>	8. DATE OF BIRTH <u>Jan. 30, 1950</u>	9. AGE (In years last birthday) <u>4</u> MONTHS <u>15</u> DAYS <u>15</u> HOURS <u></u> MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>XXXXXX</u>	11. BIRTHPLACE (State or foreign country) <u>Chillicothe, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>James B. Allen</u>	13b. MOTHER'S MAIDEN NAME <u>Hazel Effie McMichele</u>	14. NAME OF HUSBAND OR WIFE <u>James B. Allen</u>
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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>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James B. Allen</u>	ADDRESS <u>Chillicothe, MO.</u> <u>36 3rd St.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dehydration, Resp. failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5710</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diarrhea (bacterial dysentery)</u>		
	DUE TO (c) <u>Probably food poisoning</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. J. Pate M.D. Coroner</u> (Degree or title)	23b. ADDRESS <u>North Kansas City, Mo</u>	23c. DATE SIGNED <u>7/15/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 15/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hutchinson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Chillicothe, MO.</u>
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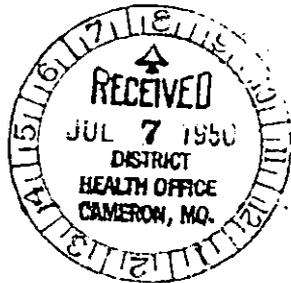
DATE REC'D BY LOCAL REG. <u>6/19/50</u>	REGISTRAR'S SIGNATURE <u>Caroline Stutshoff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral home, Ex. Spgs.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

52341

JUL 7 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 ^{not} _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed James A. Moles

Licensed Embalmer No. 3296

P. O. Address Exp. Springs 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.