No. 300
10.48

FILED JUN 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17381

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 5796 Registrar's No. 34

680

1. PLACE OF DEATH
a. COUNTY MONITEAU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MCGIRKS
c. LENGTH OF STAY (in this place) LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home McGirks

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY MONITEAU
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MCGIRKS Rural Walker
d. STREET ADDRESS (If rural, give location) Rural Walker 0680

3. NAME OF DECEASED (Type or Print) a. (First) CHRISTOPHER b. (Middle) THURMAN c. (Last) ALLEN

4. DATE OF DEATH (Month) (Day) (Year) MAY 26, 1951

5. SEX MALE 0
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1
8. DATE OF BIRTH JUNE 9, 1889
9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY BARBER
11. BIRTHPLACE (State or foreign country) TEXAS COUNTY, MO. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME SAMUEL ALLEN
13b. MOTHER'S MAIDEN NAME MARTHA BAIRD
14. NAME OF HUSBAND OR WIFE NETTIE ALLEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. NETTIE ALLEN, MCGIRK, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

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

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with myocardial degeneration
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: 17 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4222
20. AUTOPSY? 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) Cat McGirk, Moniteau, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-28, 1951, to 5-25, 1951, that I last saw the deceased alive on 5-25, 1951, and that death occurred at 5:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R B Fulks, MD
23b. ADDRESS California Mo.
23c. DATE SIGNED 5-28-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 5/28/51
24c. NAME OF CEMETERY OR CREMATORY MCGIRK CEMETRY
24d. LOCATION (City, town, or county) (State) MCGIRK, MONITEAU, MO.

DATE REC'D BY LOCAL REG. 5-29-51
REGISTRAR'S SIGNATURE H.R. Popyoy L.R. 202 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILLIAMS FUNERAL HOME, CALIFORNIA, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-1-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 6-1-51

APR 17 1952

MAY 14 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

working under my personal supervision.

Student Embalmer No.

Signed Hugh E Williams

Signed
Student Embalmer

Licensed Embalmer No. 3537

P. O. Address California M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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