

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1924

State File No. ....

582  
1

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

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>122</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town): <u>BROOKFIELD</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		<u>3888</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East Helm St</u>				d. STREET ADDRESS (If rural, give location) <u>6446 Shesnut</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>EUGENE</u> c. (Last) <u>ALLWORTH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan-24-1952</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>7-14-97</u>		9. AGE (If years last birthday) <u>54</u>	10 UNDER 1 YEAR Months <u>6</u> Days <u>18</u>	11 OVER 1 YEAR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <u>Maintenance Man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Phillips 66 Oil Co</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W. E. Allworth</u>		13b. MOTHER'S MAIDEN NAME <u>Stella Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Altha Allworth</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>496-07-0152</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Altha Allworth</u> ADDRESS <u>6446 Shesnut Kansas City, Mo.</u>			
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>Probably Coronary Thrombosis</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4201</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, store, office bldg., etc.) <u>Bank Station</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Brookfield Linn Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-24-52-3:35 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from alive on <u>19</u> , and that death occurred at <u>Brookfield, Mo.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dale Bunch, M.D.</u>				23b. ADDRESS <u>Marion Mo.</u>		23c. DATE SIGNED <u>1/24/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-27-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odessa Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Odessa Mo</u>		
DATE REC'D BY LOCAL REG. <u>1/28/52</u>		REGISTRAR'S SIGNATURE <u>Shyretta Burckelley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. Blacklock</u> ADDRESS <u>Brookfield Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

2001

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

*J. B. Blacklock*

Signed.....

Student Embalmer

Licensed Embalmer No. *2246*

P. O. Address

*Brookfield 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.