

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

613

State File No.

FILED FEB 9 1954

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 8

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>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Smithville</u>	c. LENGTH OF STAY (In this place) <u>6 Months</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Smithville</u>	d. STREET ADDRESS (If rural, give location) <u>None</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Deborah</u> b. (Middle) <u>Ann</u> c. (Last) <u>Allard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 28 1954</u>		
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5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 28, 1950</u>	9. AGE (In years last birthday) <u>3</u>	If under 1 year: Months <u>9</u> Days _____	If under 1 year: Hours _____ 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>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>George Weldon Allard</u>	13b. MOTHER'S MAIDEN NAME <u>Irene Belle Wise</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Irene Belle Taylor</u>	ADDRESS <u>3837 Woodland K. C. Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarct</u>			<u>7 hrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Influenza</u>		<u>2 da</u>
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>Cerebral Palsy</u>		<u>Life 3 1/2</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	<u>J 481X</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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Jan 27, 1954, to Jan 27, 1954, that I last saw the deceased alive on Jan 27, 1954, and that death occurred at 5 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. R. Shalinski MD</u>	23b. ADDRESS <u>Platteville Mo</u>	23c. DATE SIGNED <u>Jan 30 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-30-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Smithville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-4-54</u>	REGISTRAR'S SIGNATURE <u>Marquette Hudgens</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McComas Funeral Home</u>	ADDRESS <u>Smithville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Donald W. Hauke

Signed.....
Student Embalmer

Licensed Embalmer No. 4528

P. O. Address Smithville, Miss

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

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