

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5305**

FILED FEB 23 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5599 Registrar's No. 141

0510

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

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural: Hazel Hill</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural: Hazel Hill</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>Warrensburg RFD 4</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Warrensburg RFD 4</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>Elmer</b>	c. (Last) <b>Allworth</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 11, 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 14, 1869</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months <b>84</b>	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Grain &amp; Stock</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Johnson County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>J. N. Allworth</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Miller</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Stella Allworth</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. W. E. Allworth, RFD 4, Warrensburg</b>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerosis</b>		
DUE TO (c)		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) (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 2-10, 1954, to 2-11, 1954, that I last saw the deceased alive on 2-11, 1954, and that death occurred at 1:24 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>R. Lee Cooper M.D.</b>	(Degree or title)	23b. ADDRESS <b>Warrensburg Mo.</b>	23c. DATE SIGNED <b>2-12-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb 13, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Liberty</b>	24d. LOCATION (City, town, or county) (State) <b>Johnson County, Missouri</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>Feb 17, 1954</b>	REGISTRAR'S SIGNATURE <b>Suzanne C. Phillips</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sweeney Phillips, Warrensburg, Mo.</b>	ADDRESS
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RECEIVED  
FEB 15 1954  
JOHNSON COUNTY HEALTH DEPT.

**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 P. A. Phillips.

Licensed Embalmer No. 2320

P. O. Address Warrensburg

**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.