

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5334**

BIRTH NO. **FILED FEB 24 1954** REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **3036** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY <b>Lawrence County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Aurora</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marionville</b>	
c. LENGTH OF STAY (in this place) <b>2 hrs.</b>		d. STREET ADDRESS (If rural, give location) <b>550</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Aurora Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Reta</b>	b. (Middle) <b>Irene</b>	c. (Last) <b>Allhands</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 21, 1954</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 10, 1911</b>	9. AGE (In years last birthday) <b>42</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>11</b>	IF UNDER 1 HR. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Christian Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>William Odom</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Chastain</b>	14. NAME OF HUSBAND OR WIFE <b>Fred Everett Allhands</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Fred E. Allhands, Marionville, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2 hrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Essential Hypertension</b> DUE TO (c) <b>Unknown</b>		
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? <b>331X</b> 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 **February 20, 1954**, to **February 21, 1954**, that I last saw the deceased alive on **February 21, 1954**, and that death occurred at **12:45 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Ramsey M.D.</b>	23b. ADDRESS <b>Marionville, Mo.</b>	23c. DATE SIGNED <b>2/27/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/23/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Marionville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2/22/1954</b>	REGISTRAR'S SIGNATURE <b>Orsa Mc Natt '53</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J.B. Furrige</b>	ADDRESS <b>Marionville, Mo.</b>
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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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Herman Hurrige*

Licensed Embalmer No. *3072*

P. O. Address *Marionville 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.