

FILED APR 19 1954

# STANDARD CERTIFICATE OF DEATH

Stewart 11920  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 5836 Registrar's No. 208

**1. PLACE OF DEATH**  
 a. COUNTY Howell  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goldsberry Twship  
 c. LENGTH OF STAY (in this place) 12 hrs  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Oregon  
 c. CITY OR TOWN Winona  
 d. Is Residence within limits of a city or incorporated town? Yes  No   
 e. STREET ADDRESS (If rural, give location) R. 07070

**3. NAME OF DECEASED** (Type or Print)  
 a. (First) JOSEPH b. (Middle) SHELBY c. (Last) ALLMON  
**4. DATE OF DEATH** (Month) (Day) (Year) March 30-1954

**5. SEX** M **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) W  
**8. DATE OF BIRTH** Oct 19-1864 **9. AGE** (In years last birthday) 89 **IF UNDER 1 YEAR** Months 5 Days 11 **IF UNDER 24 HRS.** Hours  Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Farmer  
**10b. KIND OF BUSINESS OR INDUSTRY** \_\_\_\_\_  
**11. BIRTHPLACE** (City and State or Foreign Country) Tennessee  
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** James Allmon **13b. MOTHER'S MAIDEN NAME** unknown **14. NAME OF HUSBAND OR WIFE** \_\_\_\_\_

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) no (If yes, give war or dates of service)  
**16. SOCIAL SECURITY NO.** \_\_\_\_\_  
**17. INFORMANT'S SIGNATURE OR NAME** Ruff Allmon **ADDRESS** Winona, Mo.

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)  
**MEDICAL CERTIFICATION**  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Apoplexy  
 ANTECEDENT CAUSES Arteriosclerosis DUE TO (b) \_\_\_\_\_  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 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**  
12 hrs  
10 yrs

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_ **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)** \_\_\_\_\_

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) \_\_\_\_\_ **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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 5 A m., from the causes and on the date stated above.**

**23a. SIGNATURE** H.T. Stewart (Degree or title) M.D. **23b. ADDRESS** Mountain View, Mo. **23c. DATE SIGNED** 4/16/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify) B **24b. DATE** April 1-1954 **24c. NAME OF CEMETERY OR CREMATORY** Falling Spring **24d. LOCATION** (City, town, or county) (State) Winona, Mo.

**DATE REC'D BY LOCAL REG.** 4/17/54 **REGISTRAR'S SIGNATURE** Laura Mitchell **25. FUNERAL DIRECTOR'S SIGNATURE** \_\_\_\_\_ **ADDRESS** Duncan Funeral Home Mtn View, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed.....  
*John J. Heenan*  
Licensed Embalmer No. 257

P. O. Address.....  
*Maunten View*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.