

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2221

FILED FEB 4 1957

BIRTH NO. 47432-56 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>6 Mo.</u>		d. STREET ADDRESS (If rural, give location) * <u>506 N. Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>506 N. Missouri</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Gordon</u>	b. (Middle) <u>Lapresta</u>	c. (Last) <u>Allen</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-31-1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>7-27-1936</u>	9. AGE (In years last birthday) <u>6</u> <u>7</u> MONTHS <u>9</u> DAYS <u>04</u>	10. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (State or foreign country) <u>Sedalia, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Allen</u>	13b. MOTHER'S MAIDEN NAME <u>Virginia Brown</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Virginia Brown</u>	ADDRESS <u>Sedalia 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, asthma, 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 Pulmonary edema</u>		<u>6 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anaphylactoid reaction</u>		<u>6 hrs.</u>
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 <u>951X</u>	20. AUTOPSY? <u>2</u> 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) <u>46</u> (COUNTY) <u>Mo</u> (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 24 1957, to Jan 31, 1957, that I last saw the deceased alive on Jan 31, 1957, and that death occurred at 4:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. J. Reynolds, M.D.</u>	23b. ADDRESS <u>104 1/2 W. Main Sedalia Mo</u>	23c. DATE SIGNED <u>1-31-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>2-1-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Glenwood</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Pettis Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-1-57</u>	REGISTRAR'S SIGNATURE <u>Luma Wong Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Ferguson</u>	ADDRESS <u>Sedalia Mo</u>
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WRITE PLAINLY—USING UNFADING 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 .....

Student Embalmer

Signed F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.