

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017530
State File No.

0171

FILED MAY 19 1958

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 41

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

1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CARROLL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARROLLTON</u>		c. CITY OR TOWN <u>CARROLLTON</u> ⁰¹⁷¹	
c. LENGTH OF STAY (In this place) <u>6 WEEKS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EL Smith Clinic</u>		e. STREET ADDRESS (If rural, give location) <u>901 No MAIN ST</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>ELMER</u> c. (Last) <u>ALLMON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 14, 1958</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT 15, 1875</u>
9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETAIL SALES</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>SALEM, ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>THOMAS ALLMON</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>NEILE ALLMON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>140-03-0015</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS EL SMITH</u>		ADDRESS <u>CARROLLTON MO</u>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Atherosclerotic Heart Disease with Myocardial Failure</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332 X</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)			
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?			
22. I hereby certify that I attended the deceased from <u>Feb</u> , 1957, to <u>May 13</u> , 1958, that I last saw the deceased alive on <u>May 13</u> , 1958, and that death occurred at <u>10 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John H. Platt</u>		23b. ADDRESS <u>Carrollton Missouri</u>	
23c. DATE SIGNED <u>5/14/58</u>			
24a. FUNERAL, CREMATION, REMOVAL (Specify)		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW</u>		24d. LOCATION (City, town, or county) (State) <u>VENETA, OKLA</u>	
DATE REC'D BY LOCAL REG. <u>5/16/58</u>		REGISTRAR'S SIGNATURE <u>Marshall Calvert</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall Calvert</u>		ADDRESS <u>Carrollton Mo</u>	

SEP 24 1958

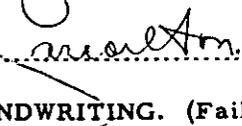
STATEMENT BY LICENSED EMBALMER

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.....


Licensed Embalmer No. 4069

P. O. Address.....


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.