

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022946

No. 300
10.48

FILED JUL 8 1958

State No. 58-022946

BIRTH NO. _____ REG. DIST. NO. 4448 PRIMARY REG. DIST. NO. 6024 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lawson</u>		c. CITY OR TOWN <u>Lawson</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>12 yrs</u>		STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>At home Lawson, Mo.</u>			

3. NAME OF DECEASED (Type or Print) <u>DELLA MYRTLE ALLNUTT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 26 1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April, 17-1889</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
13a. FATHER'S NAME <u>Simon Allnutt</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Boon</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph C. Allnutt</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-30-3670</u>	17. INFORMANT'S SIGNATURE, OR NAME ADDRESS <u>Paul Allnutt, Lawson, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Right Hemiplegia & Cardiac failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Posterior sclerotic Hypertension</u> DUE TO (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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		334X	

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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) <u>Lawson Ray Mo.</u>
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? _____

22. I hereby certify that I attended the deceased from June 8, 1958, to June 26, 1958, that I last saw the deceased alive on June 26, 1958, and that death occurred at 5 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Col. E. Buehner M.D.</u>	23b. ADDRESS <u>Lawson Mo.</u>	23c. DATE SIGNED <u>6/27/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>June 29-1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lawson</u>
24d. LOCATION (City, town, or county) (State) <u>Lawson Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Garman Funeral Home, Lawson, Mo.</u>	

DATE REC'D BY LOCAL REG. 7-1-1958 REGISTRAR'S SIGNATURE Maluel Jackson

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

0890

0890

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 *Luise J. Jannan*.....

Licensed Embalmer No. *458*
P. O. Address *Excelsior Springs 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.