

Health,
Welfare
Public
Service

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031580
STATE FILE NUMBER

8
FILED OCT 14 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 314

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN R. F. D.#2, Kirksville ⁹⁴⁰ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		Length of stay in lb	d. STREET ADDRESS Benton P. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Herbert Middle Clarence Last Allen			4. DATE OF DEATH Month Sept. Day 30, Year 1958		
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5. SEX M C	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 28, 1932	9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done) Waterloo Spring & Valve Co.	10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (City and state or country) Adair county, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME John W. Allen	13b. MOTHER'S MAIDEN NAME Maurietta Isley	14. NAME OF HUSBAND OR WIFE X
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. X	17. INFORMANT John W. Allen, Kirksville, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BIKE NEPHROSIS AND UREMIA Interval between ONSET AND DEATH Prior 9-18-58		Interval between ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) INTRA & EXTRA HEPATIC BILIARY OBSTRUCTION	5 Months
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) INTRA-ABDOMINAL HEMORRHAGE DUE PROFOUND JAUNDICE		19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 333	COUNTY	STATE
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21. I attended the deceased from 9-18-58 to 9-30-58 and last saw him alive on 9-20-58 Death occurred at 9:24 A m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Paul Laughlin M.D.	22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 10-7-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/2/58	23c. NAME OF CEMETERY OR CREMATORY Mulberry Cemetery	23d. LOCATION (City, town, or county) (State) Adair County, Mo.
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24. FUNERAL DIRECTOR Paul A. Riley	ADDRESS Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 10-8-1958	26. REGISTRAR'S SIGNATURE Doris W. Ratliff
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1 FEB 18 1959

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 *Kenneth E Hayes*

Licensed Embalmer No. *4890*

P. O. Address *Kirkville, 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.