Health, Welfare, Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009194
STATE FILE NUMBER

FILED MAR 17 1959 Registration District No. 138 Primary Registration District No. _____ Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Hickory
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Wheatland Township — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 4 Miles N. Wheatland — Length of stay in 1b: 30 years.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Hickory
c. CITY OR TOWN: Wheatland Township — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 4 Miles N of Wheatland — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Clyde — Middle: Gedion — Last: Allen

4. DATE OF DEATH: Month: Mar — Day: 7 — Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Dec 14-1885
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 2, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Wheatland, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Robert Allen
13b. MOTHER'S MAIDEN NAME: Nora Glazebrook
14. NAME OF HUSBAND OR WIFE: Annis Wave Allen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Gearld Allen — Address: Independence, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ~~Strangulation~~ Asphyxia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Strangulation
DUE TO (c): Hanging - Self Induced
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 974X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 9 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. R. Easton Coroner
22b. ADDRESS: Steanblean, Mo
22c. DATE SIGNED: March 959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Mar. 11-1959
23c. NAME OF CEMETERY OR CREMATORY: Sumner Cemetery
23d. LOCATION (City, town, or county) (State): Wheatland, Mo

24. FUNERAL DIRECTOR — ADDRESS: Gilbert Hathaway - Wheatland, Mo
25. DATE RECD. BY LOCAL REG.: Mar. 11, 1959
26. REGISTRAR'S SIGNATURE: May Johnson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

NS SEP 28 1959

MAR 19 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 Chas. Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, 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.