

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016592
STATE FILE NUMBER

death, health, welfare, public service
000-56
All diseases in Part I. must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms which are listed. All
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
J. B. Jones, M.D.

FILED JUN 2 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		c. CITY OR TOWN Atlanta	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim-Smith Hospital & Clinic		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b 13 1/2 Hrs.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last JAMES MARSHALL ALLEN			4. DATE OF DEATH Month Day Year 5 25 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-14-99
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
100. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Shelby Co., Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Jabez Allen	
14. MOTHER'S MAIDEN NAME Virginia Shores		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the lung. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Rectal prolapse, 24 hours.			INTERVAL BETWEEN ONSET AND DEATH 1 year
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		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 Kirksville, Missouri		COUNTY STATE	
21. I attended the deceased from 5-24-59 to 5-25-59 and last saw her/him alive on 5-25-59 Death occurred at 9:15 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS Kirksville, Missouri	
22c. DATE SIGNED 5-26-59		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE 5-27-59		23c. NAME OF CEMETERY OR CREMATORY Mt. Tabor	
23d. LOCATION (City, town, or county) ATLANTA - MO		(State)	
24. FUNERAL DIRECTOR Theo H. Goodding - ATLANTA, MO		25. DATE RECD. BY LOCAL REG. 5-29-1959	
26. REGISTRAR'S SIGNATURE [Signature]			

(Licensed Embalmer's Statement on Reverse Side)

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 *Thos. H. Godding*, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Thos. H. Godding*.....

Licensed Embalmer No. *3*

P. O. Address *Atlanta*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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..