

**CERTIFICATE OF DEATH**

**MAR 7 1973**

Registration District No. **11**

Primary Registration District No. **4024**

Registrar's No. **16**

**FILED**

VS 300

Rev. 11/72

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <b>Allen</b>				<b>ELGIN</b>	2. <b>male</b>	3. <b>Feb. 20, 1973</b>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. <b>white</b>		5a. <b>89</b>	5b. <b>MO.</b>	5c. <b>DAYS</b>	6. <b>May 14, 1883</b>		7a. <b>Barry</b>
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. <b>Cassville</b>		7c. <b>Yes</b>		7d. <b>South Barry County Hospital</b>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. <b>Missouri</b>		9. <b>Barry</b>		10. <b>Widowed</b>		11.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. <b>500-01-5605</b>		13a. <b>Mason</b>		13b. <b>construction</b>			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION, ZIP CODE		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	STREET AND NUMBER
14a. <b>Missouri</b>		<b>Barry</b>	14c. <b>Exeter</b>		14d. <b>yes</b>	14e. <b>Exeter</b>	14f.
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. <b>Matt</b>				<b>Elgin</b>	16. <b>Mary Unknown</b>		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. <b>Mrs. Virginia McNabb</b>				17b. <b>Exeter, Mo., 65647</b>			
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]							
18. IMMEDIATE CAUSE							
(a) <b>C A Prostate</b>							
DUE TO, OR AS A CONSEQUENCE OF:							
(b)							
DUE TO, OR AS A CONSEQUENCE OF:							
(c)							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)							
<b>Chr. Recurrent Pyelonephritis</b>							
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.		20c.	20d.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE (BLOG., ETC.) (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
20e.		20f.		20g.		20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM							
21a.		21b.		21c.		21d.	
8 2 69		2 20 73		2 19 73		21e. <b>Did Not</b>	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.							
22a.							
CERTIFIER—NAME (TYPE OR PRINT)		MD. LICENSE NO.		SIGNATURE		DEGREE OR TITLE	
23a. <b>Noel E. Harris</b>		23b. <b>9204</b>		23c. <b>[Signature]</b>		23d. <b>2 26 73</b>	
MAILING ADDRESS—CERTIFIER				STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP			
23e.				23f. <b>Purdy Mo 65734</b>			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE			
24a. <b>Burial</b>		24b. <b>Washburn Prairie Cem.</b>		24c. <b>Washburn, Missouri 1</b>			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. <b>Feb. 22, 1973</b>		24e. <b>Culver's P.O. Box 36 Cassville, Mo. 65625</b>					
FUNERAL DIRECTOR—SIGNATURE		REG. NO.		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. <b>[Signature]</b>		25b. <b>1716</b>		25c. <b>[Signature]</b>		25d. <b>Feb 28, 1973</b>	

**DECEASED**

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

**PARENTS**

**CAUSE**

**CERTIFIER**

**BURIAL**

DO NOT WRITE ON THIS STUB

7b.c. **0730**

7d. **10236**

8. **29**

14a. **29**

14b. **009**

14c.d. **13751**

14e. **030**

23. **1009204**

26a. **3**

18. U. **185X**

18. S. 1.

18. S. 2.

20a.f.

20g.St.

20g.Co.

20g.Cy.

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

MAR 9 1973

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. 1034

working under my personal supervision.

Student

James D. Helder  
Signature of Student Embalmer

Signed

Paul D. Herbert

Licensed Embalmer No. 4526

P.O. Address

Cassville, 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.

Barrow permit obtained 2-22-73 JH