

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018474

FILED MAY 26 1959 Registration District No. 224 Primary Registration District No. 3076 STATE FILE NUMBER Registrars No. 37

5. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN California, Mo Walker		c. CITY OR TOWN California, Mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Latham Hospital		Length of stay in lb 30 Yrs	
3. NAME OF DECEASED (Type or print) First Robert Middle Logan Last Allee		4. DATE OF DEATH Month May Day 24 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 16 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman		10b. KIND OF BUSINESS OR INDUSTRY In Factory	11. BIRTHPLACE (City and state or country) Lissouri
13a. FATHER'S NAME Alvin P. Allee		13b. MOTHER'S MAIDEN NAME Mary Jane Scott	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-16-3259	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis.		17. INFORMANT Address Edna Mae Russell, California, Mo.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 3 years	
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.) 4222	
20c. TIME OF INJURY Hour _____ 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 COUNTY STATE	
21. I attended the deceased from April 22, 1957 , to May 24, 1959 and last saw him alive on May 24, 1959 Death occurred at 6:42 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Kenyon Latham M.D.	
22b. ADDRESS California, Mo		22c. DATE SIGNED 5-25-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/26/59	23c. NAME OF CEMETERY OR CREMATORY Flag Spring Cemetery	23d. LOCATION (City, town, or county) (State) Rural- California, Mo
24. FUNERAL DIRECTOR Paul Bonlis-California, Mo		25. DATE RECD. BY LOGAL REG. 5/26/59	26. REGISTRAR'S SIGNATURE W L Popejoy

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 *Jack H. Bowlin*

Licensed Embalmer No. *4933*

P. O. Address *California, 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.