

17381

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 2 1951

State File No. \_\_\_\_\_

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 5796 Registrar's No. 34

680

WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MCGIRKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Walker</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home mcgirks</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Walker 0680</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHRISTOPHER</u> b. (Middle) <u>THURMAN</u> c. (Last) <u>ALLEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 26, 1951</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED <input checked="" type="checkbox"/> (Specify)	8. DATE OF BIRTH <u>JUNE 9, 1889</u>	9. AGE (In years last birthday) <u>61</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>BARBER</u>	11. BIRTHPLACE (State or foreign country) <u>TEXAS COUNTY, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>SAMUEL ALLEN</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA BAIRD</u>	14. NAME OF HUSBAND OR WIFE <u>NETTIE ALLEN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. NETTIE ALLEN, MCGIRK, MO.</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>			<u>17 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with myocardial degeneration</u> DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>East Mcgirk, Moniteau, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-28, 1951, to 5-25, 1951, that I last saw the deceased alive on 5-25, 1951, and that death occurred at 5:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R.S. Fulke, M.D.</u> (Degree or title)	23b. ADDRESS <u>California Mo.</u>	23c. DATE SIGNED <u>5-28-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5/28/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MCGIRK CEMETRY</u>	24d. LOCATION (City, town, or county) (State) <u>MCGIRK, MONITEAU, MO.</u>
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DATE REC'D BY LOCAL REG. <u>5-29-51</u>	REGISTRAR'S SIGNATURE <u>J.R. Popyoy L.R. O</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>WILLIAMS FUNERAL HOME, CALIFORNIA, MO.</u>	ADDRESS _____
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RECEIVED 6-1-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 6-1-51

APR 17 1952

MAY 14 1958

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Hugh E. Williams*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3537

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 this body is not embalmed, fact should be so stated above.