

FILED AUG 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5796 State File No. 23785
7066 Registrar's No. 49

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>7066</u>		Registrar's No. <u>49</u>		
1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</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>Rural Walker</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Walker 06.0</u>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rt # 4. California, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Rt # 4. California, Mo</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wes</u> b. (Middle) <u>James</u> c. (Last) <u>Allen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 22 1951</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan 14, 1908</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>8</u>	IF UNDER 10 HRS. Hours <u></u> Mins. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Louis Allen</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Pholan</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War Two</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs John Newson</u> ADDRESS <u>McGirk, Mo</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushing injuries of entire body</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Instantaneous</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>068 8802X 35</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Mc Pk. R.R. TRACK - Mc Girk, Mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>McGirk Moniteau Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 22 1951 1A.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by train while sitting on R.R. track.</u>				
22. I hereby certify that I attended the deceased from <u>dead when first seen</u> , that I last saw the deceased alive on _____, 19____; and that death occurred at <u>1:30 AM</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Kenyon Latham MD</u> (Degree or title)			23b. ADDRESS <u>Corona California, MO</u>			23c. DATE SIGNED <u>7-23-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/24/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McGirk Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mc Girk MO</u>		
DATE REC'D BY LOCAL REG. <u>7-24-51</u>		REGISTRAR'S SIGNATURE <u>H.R. Popejoy L.R. 202</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Bourlin</u> ADDRESS <u>California</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

680

210

RECEIVED 8-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-4-51

OCT 9 1951

AUG 10 1951

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 Earl R. Bonkin

Signed.....
Student Embalmer

Licensed Embalmer No. 2126

P. O. Address California

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.