

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43737

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before ad. (In).) a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Carrollton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7th &amp; Ruby st.</u>		e. STREET ADDRESS (If rural, give location) <u>408 So. Kinsey</u>	

3. NAME OF DECEASED (Type or Print) <u>WARDEN JR.</u>	a. (First)	b. (Middle)	c. (Last) <u>Allwood</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 10 1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 2, 1927</u>	9. AGE (In years last birthday) <u>30</u>	if UNDER 1 YEAR Months Days	if UNDER 1 Wks. Hours Min.
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Penman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Light Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Warden Allwood</u>	13b. MOTHER'S MAIDEN NAME <u>Alvena Donius</u>	14. NAME OF HUSBAND OR WIFE <u>Helen S. Allwood</u>
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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 II</u>	16. SOCIAL SECURITY NO. <u>496-324523</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen Allwood</u>	ADDRESS <u>Carrollton Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular Fibrillation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11stail</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Electric Shock 5000V.</u>		
	DUE TO (b)		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	<u>9149</u> <u>8</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-10-57 4:15 pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>7000. level on job.</u>
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22. I hereby certify that I attended the deceased from Dec 10, 1957 to Dec 10, 1957, that I last saw the deceased alive on Dec 10, 1957, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Deejeet Balch</u>	23b. ADDRESS <u>Carrollton Mo</u>	23c. DATE SIGNED <u>12-12-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/13/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rock Branch Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Carroll County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-13-57</u>	REGISTRAR'S SIGNATURE <u>Mrs. Herbert Carson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley J. Gibson</u>	ADDRESS <u>Carrollton Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0171  
3

450

DEC 23 1957

850-282-1177  
AUG 3 1950

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 *Ben W. Gibson*.....

Licensed Embalmer No. *2961*.....

P. O. Address *Arnold, 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.