

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 4 1948

Registration District No. ....

Primary Registration District No. 3054

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Pike  
(b) City or town Louisiana  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Pike Co Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Howard Allen

3. (b) If veteran, name was World War # I 3. (c) Social Security No. ....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased August 8, 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 4 29 hr. min.

9. Birthplace Cass Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Owner -- Mgr.

11. Industry or business Allen Oil Co.

12. Name James Trimble Allen  
13. Birthplace Woodford Co. Ky.  
14. Maiden name Jane McCampbell  
15. Birthplace Jassaming Co. Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Howard Allen  
(b) Address Louisiana, Missouri  
17. (a) Burial (b) Date thereof 2/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Riverview Cem.

18. (a) Signature of funeral director Haley Mortuary  
(b) Address Louisiana, Mo.

19. (a) 2/17/48 (b) Bernice Collier  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike  
(c) City or town Louisiana  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16  
year 1948 hour 7:10 Am. minute .. M.

21. I hereby certify that I attended the deceased from Oct. 25, 47 to 2/16/48, 19...  
that I last saw him alive on 2/15/48, 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Right Lung 1yr.  
with metastases to spinal  
cervical & inguinal lymph nodes  
Due to .....

Other conditions Paralysis of Bladder  
(Include pregnancy within 3 months of death)

Major findings: Bilateral cerebral  
Lobotomy Sept 19, 1947  
By Dr. Henry G. Schwartz at Barnes Hospital, St. Louis, Mo.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (Specify)  
(b) Date of occurrence 4/15  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of work) means of injury  
23. Signature Robert P. Audree (M.D. or other)  
Address Louisiana, Mo. Date signed 2/17/48

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

JAN 20 1950

MAP

10A

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

Licensed Embalmer No.

3773

P. O. Address

Louisiana, 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.**