

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

7724

Registration District No.

Primary Registration District No.

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County Barry  
(b) City or town Cassville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Purves Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days3. (a) PRINT  
FULL NAMECelia Frances Allen

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security No.

4. Sex female 5. Color or white 6. (a) Single, widowed, married, divorced, widowed  
7. Birth date of deceased January 19 1872  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

7607

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

Arkansas

10. Usual occupation

Housewife

11. Industry or business

12. Name John Henry Gibbs13. Birthplace Georgia  
(City, town, or county) (State or foreign country)14. Maiden name Nancy Spink15. Birthplace unknown  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Floyd Hill(b) Address Barryville, Arkansas17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 2-1-48  
(Month) (Day) (Year)(c) Place: burial or cremation McGuire Cem.18. (a) Signature of funeral director Culver Funeral Home(b) Address Cassville, Missouri(a) Feb. 19-1948

(Date received local registrar)

(b) Grace Williams

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Barry  
(c) City or town Rural (White River)  
(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 Jan. day 26  
year 1948 hour 3 minute P. M.21. I hereby certify that I attended the deceased from July 31, 1932 to Jan. 26, 1948  
that I last saw him alive on Jan. 26, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Essential Hypertension  
Due to \_\_\_\_\_

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(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? \_\_\_\_\_ (Specify type of place)

23. Signature E. B. McDaniel  
Address Cassville, Mo. Date signed 2/14/48

RECEIVED

District Health Officer No. 6;

District File Number 348-304

Date Filed MAR 16 1948

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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 \_\_\_\_\_

Paul D. Henbest

Registered Apprentice No. 54

working under my personal supervision.

Signed Margaret Culver

Licensed Embalmer No. 4389

P. O. Address Cassville

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.