

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

23794

National Office of Vital Statistics
FILED AUG 13 1948

Registration District No. 274

Primary Registration District No. 30.52

Registrar's No. 231

1. PLACE OF DEATH:

(a) County **Pettis**
 (b) City or town **Sedalia**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **1204 E. 13th St.**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **25 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **ARCHIE BURL ALLEN**

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **M** 0 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Myrtle** 6. (c) Age of husband or wife if alive **47** years
 7. Birth date of deceased **July 17 1900**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 0 12 hr. min.

9. Birthplace **Hickory County Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Insurance Salesman**

11. Industry or business

12. Name **Willis L. Allen**
 13. Birthplace **St. Clair County Mo.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Winnie Shelton**
 15. Birthplace **Gasconade County Mo.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Myrtle Allen**
 (b) Address **Sedalia, Mo.**
 17. (a) **Burial** (b) Date thereof **7-31-1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **W. H. Hickart**
 (b) Address **Sedalia, Mo.**
 19. (a) **7/31/1948** (b) **Betty Yeager**
 (Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Emballer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
 (c) City or town **Sedalia**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1204 E. 13th St.**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **29th**
 year **1948** hour **3.33 A.** Minute **M.**

21. I hereby certify that I attended the deceased from **Over two years** 19..... to **July 29th, 1948** 19.....
 that I last saw him alive on **July 26th, 1948** 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertensive Heart Disease.
Aortic Regurgitation.

Due to
 Due to

Other conditions **None other.**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations **None.**

Of autopsy **None.**

Duration
2 years.
2 years.

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) **None.**
 (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)
 While at work? (e) Means of injury **0**

23. Signature **Dr. B. Carlisle M.D.** M. D. on duty
 Address **Sedalia Mo.** Date signed **7-30-48**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-12-48

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

John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia 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.