

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1612

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 5579		Registrar's No. 19			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alba		c. LENGTH OF STAY (In this place) 5yr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alba		d. STREET ADDRESS (If rural, give location) no street address			
d. FULL NAME OF HOSPITAL OR INSTITUTION no street address				d. STREET ADDRESS (If rural, give location) no street address					
3. NAME OF DECEASED (Type or Print) Virginia			a. (First) -----		b. (Middle) -----		c. (Last) Allen		
4. DATE OF DEATH January 24, 1949		5. SEX female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH July 6, 1879	
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Nurse</i>		10b. KIND OF BUSINESS OR INDUSTRY unknown		11. BIRTHPLACE (State or foreign country) Richmond, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Oren B. Allen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Bill Jones		ADDRESS Alba, Missouri			
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) CORONARY Embolism  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) CORONARY Insufficiency  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 30 min.  2 yrs	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Alba Jasper Mo		21f. HOW DID INJURY OCCUR? _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Aug. 14, 1948 to 1-24, 1949, that I last saw the deceased alive on 1-24, 1949, and that death occurred at 12:15 A.M., from the causes and on the date stated above.					
23a. SIGNATURE <i>Glenn D. Jones</i> (Degree or title) D.O.			23b. ADDRESS Alba, Mo.			23c. DATE SIGNED 1-24-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/23/49		24c. NAME OF CEMETERY OR CREMATORY Friends Cemetery		24d. LOCATION (City, town, or county) (State) Purcell, Jasper Mo.			
DATE REC'D BY LOCAL REG. JAN 25 1949		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS Hedge-Lewis Webb City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 .....  
Student Embalmer

Signed

*Leonard J. Lewis D.*

Licensed Embalmer No. *4561*

P. O. Address *Webb City 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.