

FILED APR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9296

BIRTH NO. _____		REG. DIST. NO. 229		PRIMARY REG. DIST. NO. 5809		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Montgomery				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Montgomery			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Florence Mo				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Florence Mo			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print) a. (First) Edward		b. (Middle) Lee		c. (Last) Allen		4. DATE OF DEATH (Month) (Day) (Year) 3 -- 12 -- 1949	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 10-3-1863		9. AGE (In years last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Mineola Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph C. Allen		13b. MOTHER'S MAIDEN NAME Mollie Windsor		14. NAME OF HUSBAND OR WIFE Magolia Allen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Allen New Florence Mo			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CEREBRAL HAEMORRHAGE DUE TO (c) ARTERIO-SCLEROSIS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION None				INTERVAL BETWEEN ONSET AND DEATH 10 hours 2 yrs. ?	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NEW FLORENCE MONTGOMERY MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? None			
22. I hereby certify that I attended the deceased from 1-21 , 1947 , to 3-12 , 1949 , that I last saw the deceased alive on 3-12 , 1949 , and that death occurred at 10 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE James O. Helm M.D. (Degree or title)				23b. ADDRESS New Florence Mo.		23c. DATE SIGNED 3-14-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-14-49		24c. NAME OF CEMETERY OR CREMATORY New Florence		24d. LOCATION (City, town, or county) (State) New Florence Mo	
DATE REC'D BY LOCAL REG. 3-14-1949		REGISTRAR'S SIGNATURE James O. Helm M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.W. HOPKINS MONTGOMERY CITY MO			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed
APR 6 1949
DISTRICT OF COLUMBIA
RECEIVED
CLERK NO. 9

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 X X on the 12
day of March 1949

working under my personal supervision.

Student Embalmer No.

Signed.....

C. W. Hopkins
C. W. Hopkins

Signed.....
Student Embalmer

Licensed Embalmer No. 1487

P. O. Address Montgomery 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.