

FILED APR 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13353

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY Phelpsn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Phelps		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (In this place) 3 mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jerome - Rural - Arlington		
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home		d. STREET ADDRESS (If rural, give location) Jerome				
3. NAME OF DECEASED (Type or Print)		a. (First) STEPHEN	b. (Middle) V.	c. (Last) ALLEN	4. DATE OF DEATH (Month) (Day) (Year) April 9, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 10., 1864	9. AGE (In years last birthday) 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store keeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Phelps Co., Mo.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Stephen V. Allen		13b. MOTHER'S MAIDEN NAME Katherine Fore		
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME Sam Allen		ADDRESS St. Louis, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of neck ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) none rise to the above cause (a) stating the underlying cause last. DUE TO (c) none II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none				INTERVAL BETWEEN ONSET AND DEATH 1991
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 8/7, 1948 , to 4/9, 1949 , that I last saw the deceased alive on 4/9, 1949 , and that death occurred at 10:20 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE Nadine L. Hoel		(Degree or title)		23b. ADDRESS Rolla Mo		
23c. DATE SIGNED 4/16/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-12-49		
24c. NAME OF CEMETERY OR CREMATORY Pilot Knob Cem.		24d. LOCATION (City, town, or county) (State) Phelps Co., Mo.				
DATE REC'D BY LOCAL REG. 4-20-49		REGISTRAR'S SIGNATURE Nadine L. Hoel		25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Gull		
ADDRESS Rolla Mo		(Licensed Embalmer's Statement on Reverse Side)				

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

No. 300
10.48
81
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RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 4/28/49

JUN 14 1949

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.

Signed _____
Student Embalmer

Signed Paul E. Mullen

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.