

FILED JUN 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15093

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 186

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY IRON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAPE GIRARDEAU		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GLOVER	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCOIS HOSPITAL		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) CLAUDE c. (Last) ALLEN		4. DATE OF DEATH (Month) (Day) (Year) JUNE 2nd 1949	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 23rd 1900
9. AGE (In years last birthday) 48		10. MONTHS 7	11. DAYS 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TIMBER MAN		10b. KIND OF BUSINESS OR INDUSTRY SELLING LUMBER	11. BIRTHPLACE (State or foreign country) ARKANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WILLIAM JUDSON ALLEN	
13b. MOTHER'S MAIDEN NAME LOTTIE SPITZMILLER		14. NAME OF HUSBAND OR WIFE STELLA ALLEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 7/17/1918 TO 1/13/1919 NO		16. SOCIAL SECURITY NO. 7717/1918 TO 1/13/1919 NO	
17. INFORMANT'S SIGNATURE OR NAME Stella Allen Glover mo.		ADDRESS 5870	
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) Pancreatic AC ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 3-10 , 19 49 , to 6-2 , 19 49 , that I last saw the deceased alive on 6-2 , 19 49 , and that death occurred at 12:25 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE W. Smith D. M.D.		23b. ADDRESS Pipe Springs Mo.	
23c. DATE SIGNED 6/4/49		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 6/5/1949		24c. NAME OF CEMETERY OR CREMATORY FAMILY AT GLOVER MO.	
24d. LOCATION (City, town, or county) (State) GLOVER MO.		25. FUNERAL DIRECTOR'S SIGNATURE C. G. Summers	
DATE REC'D BY LOCAL REG. 6-6-1949		ADDRESS Cape Girardeau Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 29 1949

RECEIVED

Health Officer No. 4
District File Number 649-1228
Date Filed 6-7-49

MAY 18 1951

JUL 1 1951

OCT 15 1951

SEP 4 1952

OCT 3 1951

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.

Student
Student Embalmer

Signed

C. J. Loberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau

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.