

FILED JUN 3 1949 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16567

61

BIRTH NO. _____ REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 4310 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bever</u> c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bever</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Edwin</u> c. (Last) <u>Allen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-13-49</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-1-1875</u>
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Pallao Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Edwin Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie K. Lewis</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie K. Lewis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Nellie K. Allen</u> ADDRESS <u>Bever Mo</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5-13-49</u> <u>unknown</u> <u>5-10-49</u>	
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19a. DATE OF OPERATION <u>11</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 1-8, 1948, to 5-13, 1949, that I last saw the deceased alive on 5-13, 1949, and that death occurred at 11:52 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Allen</u> (Degree or title) _____		23b. ADDRESS <u>Macon Mo</u>		23c. DATE SIGNED <u>5-18-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-15-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Richardsdale Cem</u>	
24d. LOCATION (City, town, or county) <u>Bever Mo</u>		24e. NAME OF FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Edwards</u>		24f. ADDRESS <u>Bever Mo</u>	

DATE REC'D BY LOCAL REG. 5-24-49 REGISTRAR'S SIGNATURE Josephine King 397

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 649.970

Date Filed JUN 1 - 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 M. B. Edwards

Signed _____
Student Embalmer

Licensed Embalmer No. 1961

P. O. Address Bowie, Md.

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.