

THE DIVISION OF HEALTH OF MISSOURI
 FILED JUN 14 1949 STANDARD CERTIFICATE OF DEATH

18472
 State File No.

BIRTH NO. _____		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>4552</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <u>Mountain Grove</u>		c. LENGTH OF STAY (in this place) <u>39 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain Grove</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3120 Oakland Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>3030 Oakland Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>LOGAN</u>		c. (Last) <u>ALLEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 27, 1949</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>April 27, 1862</u>	
9. AGE (In years last birthday) <u>87</u>		F UNDER 1 YEAR Months <u>1</u>		F UNDER 1 YEAR Days		F UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Piano & Organ</u>		11. BIRTHPLACE (State or foreign country) <u>Shawmutown, Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S NAME <u>Anna Gray</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Paden Allen</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 ADDRESS <u>J.D. Allen, Long Creek Oregon</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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>					
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Old age</u>					
		DUE TO (c) _____				<u>1500</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatism, Chronic</u>					
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) (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 <u>May 14</u> , 1949, to <u>May 27</u> , 1949, that I last saw the deceased alive on <u>May 27</u> , 1949, and that death occurred at <u>4:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. B. Ames</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>3120 Oakland Ave Mountain Grove Mo.</u>		23c. DATE SIGNED <u>May 28, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 29, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hill Crest</u>		24d. LOCATION (City, town, or county) (State) <u>Mountain Grove Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-1-49</u>		REGISTRAR'S SIGNATURE <u>A. B. Ames</u>		348		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wesley Barber, Mtn. Grove, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6;

District File Number 649-644

Date Filed 6-9-49

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed Russell Barber
Student Embalmer No.

Licensed Embalmer No. 3848

P. O. Address Wm Grove, 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.