

STANDARD CERTIFICATE OF DEATH

State File No. 18729

FILED JUL 7 1949

BIRTH NO. 32711-49 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 228

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Poplar Bluff</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Dexter</b>	
c. LENGTH OF STAY (In this place) <b>2 day</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print)		a. (First) <b>Carlton</b>		b. (Middle) <b>Evans</b>		c. (Last) <b>Allen</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 15, 1949</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>June 13, 1949</b>			9. AGE (In years last birthday) IF UNDER 1 YEAR Days Hours Min. <b>2</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Poplar Bluff, Missouri</b>			12. COUNTRY OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Carlton Allen</b>		13b. MOTHER'S MAIDEN NAME <b>Billie Jean Lemmons</b>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Pearl Lemmons Dexter, Mo.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congenital Heart Disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 da</b>	
ANTECEDENT CAUSES Morbid 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.				<b>7544</b>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 **6 13 49**, 19**49**, to **6 15**, 19**49**, that I last saw the deceased alive on **6 15**, 19**49**, and that death occurred at **4:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Dress or title) <b>J. P. Riebert M.D.</b>		23b. ADDRESS <b>Poplar Bluff, Mo</b>		23c. DATE SIGNED <b>6 23 49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-15-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Dexter Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Dexter, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>June 21, 1949</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Watkins Funeral Home Dexter, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 5 REC'D

BUTLER COUNTY HEALTH CENTER

DOVER, MISSOURI

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**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.....

..... Was not embalmed..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.