

FILED JUL 15 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 18828

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>213</u>			
1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>		c. LENGTH OF STAY (in this place) <u>2 DA.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FORNFELT</u>		2.			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST FRANCIS HOSP</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>			b. (Middle) <u>WILLARD</u>		c. (Last) <u>ALLEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 27 1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MAY 6, 1883</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) <u>66 1 21</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>NEAR JACKSON, MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JAMES DANIEL ALLEN</u>			13b. MOTHER'S MAIDEN NAME <u>RENA WEBB</u>			14. NAME OF HUSBAND OR WIFE <u>ZILPHA VANCE ALLEN (DEC)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>MO 446 NO.</u>			17. INFORMANT'S SIGNATURE AND ADDRESS <u>Harry Crader Fornfelt Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-renal vascular disease</u>						<u>1 yr</u>	
		ANTECEDENT CAUSES <u>disease</u>							
		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.						<u>u42K</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (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 <u>June 26, 1949</u> , to <u>June 27, 1949</u> , that I last saw the deceased alive on <u>June 27, 1949</u> , and that death occurred at <u>10:11 a.m.</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Wm. H. Kelly, M.D.</u>				23b. ADDRESS <u>Cape Girardeau Mo</u>				23c. DATE SIGNED <u>Mo 6 28 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 29, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RUSSELL HEIGHTS</u>		24d. LOCATION (City, town, or county) (State) <u>JACKSON MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>7-5-1949</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		44		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Biplinghoff Funeral Home Illmo, Mo</u>			

8-22

8-22

RECEIVED 7-11-49

Health Officer No. 4

File Number 747-892

Date Filed

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

*Oliver A. Smith*

Signed Student Embalmer

Licensed Embalmer No. 4470

P. O. Address *Illmo, 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.