

FILED AUG 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29137

BIRTH NO. _____		REG. DIST. NO. 378		PRIMARY REG. DIST. NO. 4551		Registrar's No. 34	
1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MTN. GROVE</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grove Spring, Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HIGH SCHOOL GROUNDS</u>				d. STREET ADDRESS (If rural, give location) <u>South West 5 miles</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>OWEN</u>		b. (Middle) <u>HARRISON</u>		c. (Last) <u>ALLEN</u>	
4. DATE OF DEATH		(Month) <u>8</u>		(Day) <u>5</u>		(Year) <u>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>MAY 17, 1912</u>		9. AGE (In years last birthday) <u>37</u>	10. UNDER 1 YEAR <u>2</u>	11. UNDER 1 HRS. <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Grove Spring, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George H. Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Norah Martin</u>		14. NAME OF HUSBAND OR WIFE <u>Opal Allen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Opal Allen</u>		ADDRESS <u>Grove Spring, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 Minutes</u>	
		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.				<u>4201</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) m.		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>8-5</u> , 19 <u>49</u> , to <u>8-5</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8-5</u> , 19 <u>49</u> , and that death occurred at <u>10:45 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. C. W. Connor</u>		(Degree or title)		23b. ADDRESS <u>Monett, Mo</u>		23c. DATE SIGNED <u>6 Aug 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 8, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shady Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grove Spring, Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-15-49</u>		REGISTRAR'S SIGNATURE <u>A. B. Ames</u>		378		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene E. Holden</u> ADDRESS <u>Hartsville, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 23 1949
District Health Office No. 6,
District File Number 849-962
Date Filed 8-23-49

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.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Gene E. Holden

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.