

FILED NOV 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32960**

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 264	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (In this place) Lifetime		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia			
d. FULL NAME OF HOSPITAL OR INSTITUTION: 700 Worley St.				d. STREET ADDRESS (If rural, give location) 700 Worley St.			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) OWEN c. (Last) ALLEN			4. DATE OF DEATH (Month) (Day) (Year) Oct. 26, 1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 8, 1859		9. AGE (In years last birthday) 90	10. MONTHS 0	11. DAYS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Boone County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME William Allen		13b. MOTHER'S MAIDEN NAME Martha Hopper		14. NAME OF HUSBAND OR WIFE Sarah Elizabeth Vaughan Allen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laura Allen, 700 Worley St., Columbia, Mo.			
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) Cerebral Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic interstitial nephritis Senility.					INTERVAL BETWEEN ONSET AND DEATH 345X
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 Oct. 23, 1949 , to Oct. 26, 1949 , that I last saw the deceased alive on Oct. 26, 1949 , and that death occurred at 6 P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Harry W. Griffith				23b. ADDRESS Columbia, Mo.		23c. DATE SIGNED 10-29-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 28, 1949	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) Columbia, Mo.		
DATE RECD BY LOCAL REG. Oct 29 1949		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service		ADDRESS Columbia, Mo.	

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

District Health Officer No. 9
District File Number
OCT 29 1949
RECEIVED

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 _____
Student Embalmer

Signed

Tom M. Aarg

Licensed Embalmer No. 4067

P. O. Address Columbia 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.