

FILED NOV 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32991

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1213</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>618 N. 5th Street</u>				d. STREET ADDRESS (If rural, give location) <u>618 N. 5th Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Cledith</u>		b. (Middle) <u>Eldon</u>		c. (Last) <u>Allen</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 4, 1949</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bartender</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Spinning Wheel</u>		8. DATE OF BIRTH <u>January 29, 1913</u>		9. AGE (In years last birthday) <u>36</u>	
				11. BIRTHPLACE (State or foreign country) <u>Bethany, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Bert Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Myrtle Cunningham</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Lois Allen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Not available</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary L. Allen</u> ADDRESS <u>St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic Heart Disease</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) <u>✓</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: <u>✓</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Ukn</u>  <u>Ukn</u>  <u>416X</u>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>✓</u>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>Nov. 19, 1949</u> , to <u>Nov 4</u> , 1949, that I last saw the deceased alive on <u>NOV 3</u> , 1949, and that death occurred at <u>8:15 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm W. Straig, M.D.</u> (Degree or title)				23b. ADDRESS <u>North Bldg. St. Joseph, Mo.</u>		23c. DATE SIGNED <u>8 Nov 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>November 4, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Not given</u>		24d. LOCATION (City, town, or county) (State) <u>Bethany, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov 9, 1949</u>		REGISTRAR'S SIGNATURE <u>E. E. Jenkins</u> <u>382</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hatter Meierhoffer</u> ADDRESS <u>1046 Colhoun St. St. Joseph, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Albert E. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.