

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40712  
State File No.

FILED DEC 30 1949

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BIRTH NO. 81719-49 REG. DIST. NO. 105 PRIMARY REG. DIST. NO. 4172 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarkton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarkton</u> <u>35</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Barbara Jean</u> b. (Middle) <u>Allen</u> c. (Last) <u>Allen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-15-1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>11-14-1949</u>
9. AGE (In years last birthday) <u>0</u> 1 <u>1</u> 2 <u>1</u> 3 <u>1</u> 4 <u>1</u> 5 <u>1</u> 6 <u>1</u> 7 <u>1</u> 8 <u>1</u> 9 <u>1</u> 10 <u>1</u> 11 <u>1</u> 12 <u>1</u>		10. AGE (In years last birthday) <u>0</u> 1 <u>1</u> 2 <u>1</u> 3 <u>1</u> 4 <u>1</u> 5 <u>1</u> 6 <u>1</u> 7 <u>1</u> 8 <u>1</u> 9 <u>1</u> 10 <u>1</u> 11 <u>1</u> 12 <u>1</u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>	
11. BIRTHPLACE (State or foreign country) <u>Gideon, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Leonard Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Charlene Powell</u>	
14. NAME OF HUSBAND OR WIFE <u>Child</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>None</u> ADDRESS <u>1</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>myocardial Failure</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>congenital Heart Disease</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <u>7544</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 11-14, 1949, to 12-1, 1949, that I last saw the deceased alive on 12-1, 1949, and that death occurred at 7219m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. H. Hopkins, MD</u>		23b. ADDRESS <u>Gideon, Mo</u>	
23c. DATE SIGNED <u>12-15-49</u>			

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-16-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Malden Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Malden, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-19-49</u>		REGISTRAR'S SIGNATURE <u>Freida Bailey</u> <u>88</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Good Funeral Home</u>		ADDRESS <u>Clarkton, Mo</u>	

Rec. DUNKLIN COUNTY HEALTH DEPARTMENT  
KENNETT, MISSOURI 12-24-49  
County File No. 1249-38

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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 \_\_\_\_\_

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.