

FILED JAN 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.		REG. DIST. NO. <u>198</u>		PRIMARY REG. DIST. NO. <u>4310</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bevier</u>		c. LENGTH OF STAY (In this place) <u>✓</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bevier</u>		61	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Richard</u>		b. (Middle) <u>Allen</u>		c. (Last) <u>Allen</u>	
4. DATE OF DEATH		(Month) <u>12</u>		(Day) <u>8</u>		(Year) <u>49</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Exact date</u> <u>unknown</u>	
9. AGE (In years last birthday) <u>92</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Mine Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>		11. BIRTHPLACE (State or foreign country) <u>In South. Exact place unknown</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>✓</u>		13b. MOTHER'S MAIDEN NAME <u>✓</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Allen Bevier</u>		ADDRESS <u>Bevier</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Interstitial Nephritis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Cystitis</u> DUE TO (c) <u>Chronic Prostatitis</u> 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>years</u> <u>standing</u> <u>592X</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>Nov. 30, 1949</u> , to <u>Dec 1, 1949</u> , that I last saw the deceased alive on <u>Dec 1, 1949</u> , and that death occurred at <u>5:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. E. C. Weindler, M.D.</u>		23b. ADDRESS <u>Bevier Mo</u>		23c. DATE SIGNED <u>12/4/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-8-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Oakwood</u>		24d. LOCATION (City, town, or county) (State) <u>Bevier Mo</u>	
DATE REC'D BY LOCAL REG. <u>12/19/49</u>		REGISTRAR'S SIGNATURE <u>Josephine King</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Edwards</u>		ADDRESS <u>Bevier Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12/29/49
MACON COUNTY HEALTH DEPARTMENT
County File No. 1/50/81
Date Filed 1/5/50

DEC 27 1952

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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. 1961

P. O. Address Revis 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.