

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

42117
State File No. _____

FILED JAN 6 1950

BIRTH NO. _____		REG. DIST. NO. <u>295</u>		PRIMARY REG. DIST. NO. <u>4441</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Randolph</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clifton Hill</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Randolph</u>	
c. LENGTH OF STAY (in this place) _____		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clifton Hill,</u>		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. AGE (In years last birthday)	
a. (First) <u>Dorothy</u>		b. (Middle) <u>Gertrude</u>		c. (Last) <u>Allen</u>		Date: (Month) <u>Dec.</u> (Day) <u>26</u> (Year) <u>1949</u>	
6. SEX <u>female</u>	7. COLOR OR RACE <u>white</u>	8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	9. DATE OF BIRTH <u>11-2-1901</u>	10. AGE (In years last birthday) <u>48</u>	11. IF UNDER 1 YEAR Months _____ Days _____	12. IF UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Randolph County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Tommy Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Ada Crutchfield</u>		14. NAME OF HUSBAND OR WIFE <u>Joe Allen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joe Allen: Clifton Hill, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>14 mos.</u>	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Schlottman Cancer of Both Breasts</u>					
		ANTECEDENT CAUSES					
		Morbid 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.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Cancer -</u>				20. AUTOPSY? YES ☐ NO ☒	
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) <u>170X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Feb 1</u> , 19 <u>49</u> , to <u>Dec 24</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 24</u> , 19 <u>49</u> and that death occurred at <u>2:25</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Huntsville Mo</u>		23c. DATE SIGNED <u>12/30/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-28-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Huntsville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-31-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. L.A. Barnhart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom B Patton</u>		ADDRESS <u>Huntsville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 1 19

District Health Officer No.

District File Number 1-58

Date Filed JAN 1 19

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala.

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.