

1780

FILED JAN 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1942

BIRTH NO.		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>5910</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Demerco</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>State</u> b. COUNTY <u>Demerco</u>			
b. CITY OR TOWN <u>Cottonwood Point</u>		c. LENGTH OF STAY (in this place) <u>50 yrs.</u>		c. CITY (If outside corporate limits, write R.T.D. and give township) <u>Cottonwood Point</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) <u>LEWIS</u>		a. (First)		b. (Middle)		c. (Last) <u>ALLEN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 7 1950</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Oct 7 - 1880</u>		9. AGE (In years last birthday) <u>69</u>		10. MONTHS <u>1</u>		11. DAYS <u>1</u>	
12. HOURS <u>1</u>		13. MIN. <u>1</u>		14. BIRTHPLACE (State or foreign country) <u>Middle Tenn.</u>		15. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
16. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Labour</u>		17. KIND OF BUSINESS OR INDUSTRY		18. BIRTHPLACE (State or foreign country)		19. CITIZEN OF WHAT COUNTRY?	
20. FATHER'S NAME <u>Wm Allen</u>		21. MOTHER'S MAIDEN NAME <u>Elizabeth Ruthford</u>		22. NAME OF HUSBAND OR WIFE <u>Ellen Allen Cottonwood</u>		23. ADDRESS <u>Caruthersville, Mo.</u>	
24. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		25. SOCIAL SECURITY NO. <u>✓</u>		26. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ellen Allen, Caruthersville, Mo.</u>		27. ADDRESS <u>Caruthersville, Mo.</u>	
28. 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) during the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		29. INTERVAL BETWEEN ONSET AND DEATH		30. AUTOPSY? YES ☐ NO ☐		31. 431X	
32. DATE OF OPERATION		33. MAJOR FINDINGS OF OPERATION		34. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		35. HOW DID INJURY OCCUR?	
36. ACCIDENT SUICIDE HOMICIDE (Specify)		37. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		38. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		39. HOW DID INJURY OCCUR?	
40. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		41. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		42. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		43. HOW DID INJURY OCCUR?	
44. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
45. SIGNATURE <u>James A. Osburn</u>		46. ADDRESS <u>Wardell, Mo.</u>		47. DATE SIGNED <u>1-11-50</u>		48. DATE SIGNED	
49. DATE <u>Jan 9 - 1950</u>		50. NAME OF CEMETERY OR CREMATORY <u>Little Plains</u>		51. LOCATION (City, town, or county) (State) <u>Caruthersville Mo.</u>		52. DATE SIGNED	
53. DATE REC'D BY LOCAL REG. <u>Jan 16, 1950</u>		54. REGISTRAR'S SIGNATURE <u>Frederic B. Wickett</u>		55. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Dean</u>		56. ADDRESS <u>Caruthersville Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1-50-34

JAN 27 1961

JAN 20 1961

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Caruthersville, 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.