

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7449

BIRTH NO.		REG. DIST. NO. 328		PRIMARY REG. DIST. NO. 4552		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MTN. GROVE</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MTN. GROVE</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>1141</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MILLIE</u>		b. (Middle) <u>EMALINE</u>		c. (Last) <u>ALLEN</u>	
4. DATE OF DEATH		(Month) <u>FEB.</u>		(Day) <u>22</u>		(Year) <u>1950</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH 13, 1880</u>	
9. AGE (In years last birthday) <u>69</u>		10. MONTHS <u>11</u>		11. BIRTHPLACE (State or foreign country) <u>NORWOOD MO. WRIGHT Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN LEWIS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY HOUSLEY</u>		14. NAME OF HUSBAND OR WIFE <u>ANDREW 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 <u>Andrew Allen</u> ADDRESS <u>Mt. Home, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>asthma</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>decompression of heart</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4343</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) (Min.)		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>4/2</u> , 19 <u>50</u> , to <u>2/22</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4/2</u> , 19 <u>50</u> , and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R.A. Ryan M.D.</u> (Degree or title)				23b. ADDRESS <u>Mt. Home Mo.</u>		23c. DATE SIGNED <u>2/25-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 28/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>WRIGHT Co MO</u>	
DATE REC'D BY LOCAL REG. <u>2-28-50</u>		REGISTRAR'S SIGNATURE <u>A.B. Ames</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.W. Barber</u> ADDRESS <u>Mt. Home Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 13 1950

Wright County Health Dept.
County File No. 350-3A
Date Filed: 3-8-50

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 _____

R. W. Barber

Signed _____
Student Embalmer

Licensed Embalmer No. 3848

P. O. Address Meta, Grove, 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.