

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7564**BIRTH NO. _____ REG. DIST. NO. **20** PRIMARY REG. DIST. NO. **4031** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) Adrian		c. CITY (If outside corporate limits, write RURAL and give township) Adrian	
c. LENGTH OF STAY (in this place) 50 years		d. STREET ADDRESS (If rural, give location) 0070	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Sallie b. (Middle) Ann c. (Last) Allen			4. DATE OF DEATH (Month) (Day) (Year) Mar. 23, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 31, 1860		9. AGE (In years last birthday) 89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Summerset Kentucky
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME George W. Moles		13b. MOTHER'S MAIDEN NAME Mary Jane Tabor		14. NAME OF HUSBAND OR WIFE John William Allen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lora Brummett, Adrian Mo.	

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) Uremia - Chronic ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis Chronic 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 592X	
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)		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 **Mar. 21, 1950** to **Mar. 21, 1950**, that I last saw the deceased alive on **Mar. 21, 1950**, and that death occurred at **3:50** AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O. E. E. Robinson M.D.		23b. ADDRESS Adrian Mo.		23c. DATE SIGNED 3-23-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-24-50		24c. NAME OF CEMETERY OR CREMATORY Crescent Hill	
24d. LOCATION: (City, town, or county) (State) Adrian Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Myra Owens		ADDRESS Greath & Luf, Adrian Mo.	
DATE REC'D BY LOCAL REG. 3-24-50		REGISTRAR'S SIGNATURE Myra Owens			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer N

District File Number 2500

Date Filed 5-27-5

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

Signed _____

Student Embalmer No. _____

Licensed Embalmer No. 3650

P. O. Address Adrian 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.