

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

9944

FILED MAR 23 1950

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>71</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Moberly</u>		0883	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>321 Collins</u>				d. STREET ADDRESS (If rural, give location) <u>321 Collins</u> 0			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>NANCY</u>		b. (Middle) <u>ANN</u>		c. (Last) <u>ALLEN</u>	
4. DATE OF DEATH		(Month) <u>March</u>		(Day) <u>16</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>Widowed</u>		8. DATE OF BIRTH <u>April 26 - 1858</u>	
9. AGE (in years last birthday) <u>91</u>		10. UNDER 1 YEAR <u>10</u>		11. UNDER 1 HOUR <u>18</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
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		11. BIRTHPLACE (State or foreign country) <u>Boone Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Mathew Sapp</u>		13b. MOTHER'S MAIDEN NAME <u>Mariah Grinstead</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel V. Allen</u>		ADDRESS	
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>Mariamanda Allen</u>		ADDRESS <u>Moberly 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Semility</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. <u>Blindness</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH		794X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES ☐ NO ☐	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		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) <u>✓</u> (Year) _____ (Hour) _____ (Min.) _____		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>Jan 1</u> , 19 <u>21</u> , to <u>Mar 16</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 10</u> , 19 <u>50</u> , and that death occurred at <u>1:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. O. Nickell M.D.</u> (Degree or title)		23b. ADDRESS <u>Moberly, Mo.</u>		23c. DATE SIGNED <u>Mar 17, 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar - 19 - 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		24d. LOCATION (City, town, or county) <u>Moberly Mo.</u> (State)	
DATE REC'D BY LOCAL REG. <u>Mar 18 - 50</u>		REGISTRAR'S SIGNATURE <u>Seah Buchanan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Snow Funeral Home</u>		ADDRESS <u>Moberly Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAR 2 2 1950

District Health Officer No. 10

District File Number 3-50-498

MAR 2 2 1950

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

R. M. Cater

Licensed Embalmer No. 4117

P. O. Address *Proberly 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.