

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

11760

State File No.

FILED APR 6 1950

No. 300
10.48

BIRTH NO.		REG. DIST. NO. <u>364</u>		PRIMARY REG. DIST. NO. <u>6257</u>		Registrar's No. <u>2</u>			
1. PLACE OF DEATH a. COUNTY <u>Wayne</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Wayne</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>(Rural) Logan</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Redmont (Rural) Logan</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2 1110</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Allen</u> c. (Last) <u>Allen</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>March 10 1950</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>child</u>		8. DATE OF BIRTH <u>March 9 1950</u>			
9. AGE (In years last birthday) <u>0</u>		10. MONTHS <u>0</u>		11. DAYS <u>8</u>		12. HRS. <u>10</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>L</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>		11. BIRTHPLACE (State or foreign country) <u>Redmont (Rural) Route 2</u>		12. CITIZEN OF WHAT COUNTRY? <u>Am.</u>			
13a. FATHER'S NAME <u>William Thomas Allen</u>				13b. MOTHER'S MAIDEN NAME <u>Stella Mae Royal</u>		14. NAME OF HUSBAND OR WIFE <u>L</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>L</u>		16. SOCIAL SECURITY NO. <u>L</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Thomas Allen</u> ADDRESS <u>Redmont 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth</u> ANTECEDENT CAUSES <u>L</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>L</u> DUE TO (c) <u>L</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>L</u>				INTERVAL BETWEEN ONSET AND DEATH <u>776X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Pallor</u> <u>Mo</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)		21d. HOW DID INJURY OCCUR? <u>Child was delivered 3-8-50</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22. I hereby certify that I attended the deceased from <u>Dec 2 a few days later</u> , that I last saw the deceased alive on <u>3-8-50</u> , 1950, and that death occurred at <u>11-11</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>J. R. Midland MD</u> (Degree or title)				23b. ADDRESS <u>Patterson Mo.</u>		23c. DATE SIGNED <u>3-13-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 11-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Orange Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wayne Co. Logan Township</u>			
DATE REC'D BY LOCAL REG. <u>Mar-15-50</u>		REGISTRAR'S SIGNATURE <u>Susie E. Piles</u> 340		25. FUNERAL DIRECTOR'S SIGNATURE <u>William Coder</u> ADDRESS <u>Redmont Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 5 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-499

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.