

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13685

BIRTH NO. _____		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>4285</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Lewis</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Lewistown</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Lewis</u>	
c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Canton</u>		d. STREET ADDRESS (If rural, give location) <u>410 S. 5th</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Prairieview Rest Home</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Martha</u>		b. (Middle) <u>Ellen</u>		c. (Last) <u>Allen</u>	
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>10</u>		(Year) <u>1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Nov. 8 1866</u>		9. AGE (In years last birthday) <u>84</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Benjamin, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Ashby</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ashby</u>		14. NAME OF HUSBAND OR WIFE <u>Ben 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>Mary Bailey Canton Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular-renal disease</u>				<u>6 wks.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				<u>1 yr.</u>	
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Nephritis</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS				<u>442X</u>	
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility & Blindness</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) <u>X</u>			
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 <u>Feb. 26</u> , 19 <u>50</u> , to <u>April 10</u> , 19 <u>50</u> ; that I last saw the deceased alive on <u>April 8</u> , 19 <u>50</u> , and that death occurred at <u>6:00A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harriet M. Bracken</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>La Belle, Missouri</u>		23c. DATE SIGNED <u>4/19/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 12 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Lawn</u>		24d. LOCATION (City, town, or county) <u>Canton Lewis Mo.</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>4-21-50</u>		REGISTRAR'S SIGNATURE <u>D. H. Jennings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Bailey</u> ADDRESS <u>Canton Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 27 1950
District Health Officer No.
District File Number 4-50-2
Date Filed APR 27 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.

Signed _____

Carl H. Buckley

Signed _____
Student Embalmer

Licensed Embalmer No. 26154

P. O. Address Canton, 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.