

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15644

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 62

1. PLACE OF DEATH  
a. COUNTY Vernon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Vernon

b. CITY OR TOWN Nevada c. LENGTH OF STAY (in this place) 7 years

c. CITY OR TOWN Nevada 1087

3. FULL NAME OF DECEASED (If not in hospital or institution, give street address and location)  
a. HOSPITAL OR INSTITUTION 517 East Arroyo

d. STREET ADDRESS (If rural, give location)  
517 East Arroyo

3. NAME OF DECEASED  
a. (First) John b. (Middle) William c. (Last) Allen

4. DATE OF DEATH (Month) (Day) (Year)  
April 24 1950

5. SEX Male

6. COLOR OR RACE White

7. ~~STATUS~~ WIDOWED, Yes (Specify)

8. DATE OF BIRTH Oct. 18-1861

9. AGE (In years last birthday) 88  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 24 HRS: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farming

10b. KIND OF BUSINESS OR INDUSTRY  
Retired

11. BIRTHPLACE (State or foreign country)  
Indiana

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME  
Thomas K. Allen

13b. MOTHER'S MAIDEN NAME  
Leah Kuchel

14. NAME OF HUSBAND OR WIFE  
America B. Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.  
No

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS  
Ed Allen Nevada, Mo.

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
**MEDICAL CERTIFICATION**  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) CONGESTIVE LEFT VENTRICULAR FAILURE  
INTERVAL BETWEEN ONSET AND DEATH 4 days  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
DUE TO (b) CHB. MYOCARDIAL DISEASE  
DUE TO (c)   
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
4222

19a. DATE OF OPERATION  
none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)  
none

21b. PLACE OF INJURY (e.g., in apartment home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
Nevada, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  
Apr 24 1950

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 APR 22, 1950, to APR 24, 1950, that I last saw the deceased alive on APR 24, 1950, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
William Allen M.D.

23b. ADDRESS  
Nevada, Mo.

23c. DATE SIGNED  
4-25-50

24a. BURIAL (Specify)

24b. DATE  
April 28-1950

24c. NAME OF CEMETERY OR CREMATORY  
Kees Cemetery

24d. LOCATION (City, town, or county) (State)  
Paris, Missouri

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE  
Apr. 29, 50 Kathryn H. Vance

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS  
James J. Ferguson  
Nevada, Missouri

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

RECEIVED - 5-3-50  
District Health Officer No. 7;  
District File Number 4-50-44  
Date Filed 5-3-50

**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.

Student .....  
Student Embalmer

Signed W. B. Feun

Licensed Embalmer No. 1760

P. O. Address Jewada, 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.