

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15801**

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

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **4018** Registrar's No. **91**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rush Hill		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rush Hill, Mo. 0040	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rush Hill, Mo.			

3. NAME OF DECEASED (Type or Print)	a. (First) Walter	b. (Middle)	c. (Last) ALLEN	4. DATE OF DEATH (Month) (Day) (Year) May 9 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 10 1859	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 9 Days 30	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Oxford, England	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Emanuel Allen	13b. MOTHER'S MAIDEN NAME Ann Knapp	14. NAME OF HUSBAND OR WIFE Anna Brinkler Allen
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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. —	17. INFORMANT'S SIGNATURE OR NAME Miss Bertha Allen ADDRESS Rush Hill
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Embolism		
	DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4221	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **April 29, 1950**, to **May 9, 1950**, that I last saw the deceased alive on **May 9, 1950**, and that death occurred at **11:52 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE R. B. Baize (Degree or title) D.D.	23b. ADDRESS Ladonia Mo.	23c. DATE SIGNED 5-13-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 13 1950	24c. NAME OF CEMETERY OR CREMATORY Ladonia Cemetery	24d. LOCATION (City, town, or county) (State) Ladonia Mo.
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DATE REC'D BY LOCAL REG. May 13 1950	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Wilbur Biedhoff ADDRESS Ladonia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 22 1950
District Health Officer No. 10
District File Number 5-2-86
Date Filed

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 Embalmer No.....

Signed *Clyde C. Hilkey*

Licensed Embalmer No. *3870*

Signed.....
Student Embalmer

P. O. Address *Perry, Me.*

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.