No. 300
10.48

FILED JUL 24 1950

23137

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 7-12-50 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5343 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY: Dade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Notth Twp
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Dade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural north Twp. 0290
d. STREET ADDRESS (If rural, give location): 5mi n of Greenfield Mo

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): R
c. (Last): Wallen

4. DATE OF DEATH (Month) July (Day) 10 (Year) 1950

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Nov. 22, 1925
9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months 7 Days 18 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Benton Co
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Rollan Wallen
13b. MOTHER'S MAIDEN NAME: Della Wallen
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Ida Cason — ADDRESS: Greenfield Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Proba le Heart failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) no evidence of foul play

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* after death, *19*____, *to* _____, *19*____, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Wren Coroner
23b. ADDRESS: Lockwood Mo
23c. DATE SIGNED: 7-10-50
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-12-50
24c. NAME OF CEMETERY OR CREMATORY: Greenfield
24d. LOCATION (City, town, or county) (State): Greenfield Mo
DATE REC'D BY LOCAL REG.: 7-12-50
REGISTRAR'S SIGNATURE: Geo L Weir
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: W.R.Allison Greenfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUL 17 1950

Dist. File 750 - 818

Date Filed JUL 18 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 W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.