

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

32440

BIRTH NO. _____		REG. DIST. NO. 370		PRIMARY REG. DIST. NO. 6258		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY <u>WAYNE</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GREENVILLE "RURAL"</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>WAYNE</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GREENVILLE "RURAL" MO.</u> d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) <u>JUDITH</u>		a. (First) <u>NEVA</u>		b. (Middle) <u>ALLEN</u>		c. (Last) _____	
4. DATE OF DEATH <u>SEPT. 28, 1950</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>CHILD</u>	
8. DATE OF BIRTH <u>MARCH 12, 1947</u>		9. AGE (In years last birthday) <u>3</u>		10. UNDER 1 YEAR <u>6</u> MONTHS <u>16</u> DAYS		11. UNDER 1 HRS. <u>16</u> MIN.	
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 <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Poplar Bluff Hospital</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ARTHUR ALLEN</u>		13b. MOTHER'S MAIDEN NAME <u>EVELYN EATON</u>		14. NAME OF HUSBAND OR WIFE _____			
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>Arthur Allen, Bourbon 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal Skull Fracture</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>Instantaneous</u> <u>11/28/16 1/2</u> <u>26</u>				20. AUTOPSY? YES ☐ NO ☒	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Greenville Mo.</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Greenville Wayne Mo.</u>		21f. HOW DID INJURY OCCUR? <u>Car accident</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 28, 1950</u> m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? <u>Car accident</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Marvin E. Bowler, Coroner</u>		23b. ADDRESS <u>Bedmont Mo.</u>		23c. DATE SIGNED <u>Sept 29 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct 1st 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CAMP 8 CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CAMP 8-WAYNE MO</u>	
DATE REC'D BY LOCAL REG. <u>Oct 6th 50</u>		REGISTRAR'S SIGNATURE <u>Mabel Beasley</u>		341		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall Funeral Home - Greenville</u>	
(Licensed Embalmer's Statement on Reverse Side) <u>J.S. Marshall</u>							

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

RECEIVED

OCT 6 1950

WAYNE CO. HEALTH CENTER

FILE No. 1050-684

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. 4601

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.