

FILED OCT 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 32914

0190

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4099 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>309 N. Jefferys</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Hill, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>309 N. Jefferys</u>		d. STREET ADDRESS (If rural, give location) <u>309 N. Jefferys</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u> b. (Middle) <u>Evelyn</u> c. (Last) <u>Allen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10</u> <u>7</u> <u>50</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1-29-1869</u>
9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>1</u> YEARS <u>7</u> HOURS <u>50</u>	11. BIRTHPLACE (State or foreign country) <u>Pleasant Hill, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Thomas Hayew</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Wolf</u>		14. NAME OF HUSBAND OR WIFE <u>Silas 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>Mrs Lydia Hackett, Kansas City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arterio sclerosis & hypertension</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>	
19a. DATE OF OPERATION <u>1</u>		19b. MAJOR FINDINGS OF OPERATION <u>-</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-</u>	

22. I hereby certify that I attended the deceased from 12 1949, to 10-7, 1950, that I last saw the deceased alive on 10-7, 1950, and that death occurred at 8 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. V. Murray M.D.</u>		23b. ADDRESS <u>Pleasant Hill, Mo.</u>		23c. DATE SIGNED <u>10-9-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-10-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen Brownfield</u>		25. ADDRESS <u>Pleasant Hill, Mo.</u>	

DATE REC'D BY LOCAL REG. Oct 9, 1950 REGISTRAR'S SIGNATURE Laura J. Jones

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 14 1950

CASS COUNTY
HEALTH DEPARTMENT

OCT 14 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

William L. Anderson

Signed

Student Embalmer

Licensed Embalmer No. *4674*

P. O. Address

Pleasant Hill 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.