

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 6 1950

36107

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>25</u>		PRIMARY REG. DIST. NO. <u>4036</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>BATES.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICH HILL</u>		c. LENGTH OF STAY (in this place) <u>35 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICH HILL. 0070</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>906 E. WALNUT ST.</u>				d. STREET ADDRESS (If rural, give location) <u>906 E. WALNUT ST</u>			
3. NAME OF DECEASED (Type or Print) <u>STACEY-RITENHOUSE ALLEN</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>NOV-29-1950</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED. 1</u>		8. DATE OF BIRTH <u>JAN-29-1876</u>	
9. AGE (in years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>		11. BIRTHPLACE (State or foreign country) <u>HEARSEY CITY, N.Y.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>JOHN ALLEN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN.</u>		14. NAME OF HUSBAND OR WIFE <u>LULA 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>Lula Allen - Rich Hill, Mo.</u> ADDRESS _____			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subdural Hemorrhage</u> ANTECEDENT CAUSES <u>Hypertension</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) _____ 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>2 days</u>			
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) (Minute)		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 <u>Nov 28, 1950</u> to <u>Nov 29, 1950</u> , that I last saw the deceased alive on <u>Nov 28, 1950</u> and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. E. A. Douglas</u>				23b. ADDRESS <u>Rich Hill, Mo.</u>		23c. DATE SIGNED <u>Nov 1, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC-4-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>RICH HILL, MO. 950001</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 1: 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. E. A. Douglas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral Home - Rich Hill, Mo</u> ADDRESS _____			

(License Embelmer's Statement on Reverse Side)

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

RECEIVED 12/5/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 12-5-50

DEC 18 1950

JAN 16 1951

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.

Signed _____
Student Embalmer

Student Embalmer No. _____
Signed *John G. Underwood*
Licensed Embalmer No. *3585*
P. O. Address *Butler 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.