

FILED DEC 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36654

BIRTH NO. 79825-50 REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4198 Registrar's No. 176

1. PLACE OF DEATH

a. COUNTY

Gentry

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

King City

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION

King City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

MO

b. COUNTY

Gentry

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

King City

0380

d. STREET ADDRESS

(If rural, give location)

King City

3. NAME OF DECEASED (Type or Print)

a. (First)

Not

b. (Middle)

Named

c. (Last)

ALLEN

d. DATE OF DEATH

(Month) (Day) (Year)
11/29/50

5. SEX

Male

6. COLOR OR RACE

W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11/29/50

9. AGE (In years last birthday)

IF UNDER 1 YEAR Months Days

IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

King City, MO

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Edward W. Allen

13b. MOTHER'S MAIDEN NAME

Helen Cummings

14. NAME OF HUSBAND OR WIFE

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.

NONE

17. INFORMANT'S SIGNATURE OR NAME

Edward W. Allen

ADDRESS

King City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*

(a) Premature birth

ANTECEDENT CAUSES

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

DUE TO (b) Early Separation of Placenta

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

2 hrs

7615

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 11-29 1950, to 11-29 1950, that I last saw the deceased alive on 11-29 1950, and that death occurred at 12-30 m., from the causes and on the date stated above.

23a. SIGNATURE

(Deceased title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Dec 4-50

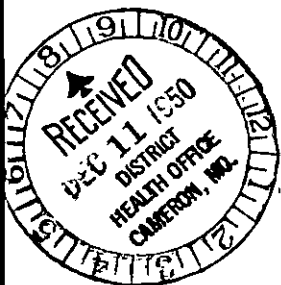
Edith Childs

430

Phyllis H. Phillips

(Licensed Embalmer's Statement on Reverse Side)

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



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.....
Student Embalmer

Signed Lester A. Phillips

Licensed Embalmer No. 1898

P. O. Address Stonewall, Md.

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.

Body was not embalmed