

11626

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 15 1951

BIRTH NO. 29:91-50 REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville
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) St Francis Hospital

2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission).
a. STATE Missouri b. COUNTY Nodaway
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Skidmore 0740
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
First Emily Middle Margaret Last Allen

4. DATE OF DEATH (Month) (Day) (Year)
12-28-1950

5. SEX Female

6. COLOR OR RACE white

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

8. DATE OF BIRTH 5-26-1950

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. 7

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Maryville - Mo.

12. CITIZEN OF WHAT COUNTRY? at-bm

13a. FATHER'S NAME Roy Allen

13b. MOTHER'S MAIDEN NAME Ruth Reese

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. ✓

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy Allen - Skidmore - 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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatomegaly
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hepatitis Chronic
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS.
Conditions contributing to the death but not related to the disease or condition causing death. 5810

INTERVAL BETWEEN ONSET AND DEATH
2

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION abnormal

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) (Min.)

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 Dec. 27, 1950, to Dec. 28, 1950, that I last saw the deceased alive on Dec. 27, 1950, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. S. Pylant M.D.

23b. ADDRESS Maryville, Mo. 64467

23c. DATE SIGNED 12/29/50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 12-30-1950

24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cem.

24d. LOCATION (City, town, or county) (State) Skidmore Mo.

DATE REC'D BY LOCAL REG. 1-4-51

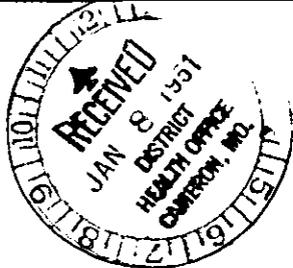
REGISTRAR'S SIGNATURE Bess Holt

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. M. Stephens Maryville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

740



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

G. M. Peterson

Licensed Embalmer No. 2279

P. O. Address *Springville, Ill.*

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.