

FILED JAN 16 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 96

BIRTH NO. _____		REG. DIST. NO. 27		PRIMARY REG. DIST. NO. 1005		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY <u>Bates</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u> c. LENGTH OF STAY (In this place) <u>1 Day</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hosp.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Adrian Mo.</u> d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u> b. (Middle) <u>Alice</u> c. (Last) <u>Allen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 9 1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 31, 1876</u>		9. AGE (In years last birthday) <u>74</u>		10. MONTHS <u>0</u> DAYS <u>8</u> IF UNDER 12 HRS. Min.	
11. BIRTHPLACE (State or foreign country) <u>Creighton Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry W. Tuttle</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Highley</u>	
14. NAME OF HUSBAND OR WIFE <u>Edwin Lenore Allen</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E.L. Allen, Adrian 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>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Myocarditis</u> DUE TO (c) <u>Chr. Hypertensive</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>4/4 X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Aug 4, 1950</u> , to <u>Jan 9, 1951</u> , that I last saw the deceased alive on <u>Jan 9, 1951</u> , and that death occurred at <u>7 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles W. Luter MD</u>		(Degree or title)		23b. ADDRESS <u>Butler Mo</u>		23c. DATE SIGNED <u>1-10-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>I-II-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Creacent Hill cem</u>		24d. LOCATION (City, town, or county) (State) <u>Adrian Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 10-51</u>		REGISTRAR'S SIGNATURE <u>Randall Perry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith &amp; Sif</u>		ADDRESS <u>Adrian Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-15-57

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 1-15-57

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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..... *Adrian M.*

Licensed Embalmer No. 3650

P. O. Address *Adrian M.*

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.