

FILED JAN 25 1951

STANDARD CERTIFICATE OF DEATH

State File No. 331

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff
c. LENGTH OF STAY (in this place) 35 years
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Butler
c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff 0124
d. STREET ADDRESS (If rural, give location) Valley St. 0

3. NAME OF DECEASED
a. (First) George b. (Middle) Washington c. (Last) Allen

4. DATE OF DEATH (Month) (Day) (Year)
1 13 51

5. SEX Male
6. COLOR OR RACE Cal.

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

8. DATE OF BIRTH 10-9-1892

9. AGE (In years last birthday) 58
IF UNDER 1 YEAR Months 3
IF UNDER 24 HRS. Days 4 Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Colt, Arkansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Will Allen

13b. MOTHER'S MAIDEN NAME Hattie Collens

14. NAME OF HUSBAND OR WIFE deceased.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Hattie Allen Poplar Bluff 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.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving DUE TO (b) ✓
rise to the above cause (a) stating the underlying cause last.
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 16 days
331 X

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 12-28, 1950, to 1-13, 1951, that I last saw the deceased alive on 1-13, 1951, and that death occurred at 2:12 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Shelley M.D.

23b. ADDRESS Poplar Bluff Mo

23c. DATE SIGNED 11/5/51

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

24b. DATE 1-18-51

24c. NAME OF CEMETERY OR CREMATORY Woodlawn

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

DATE REC'D BY LOCAL REG. Jan. 15-1951

REGISTRAR'S SIGNATURE H. Johnson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rev. J.B. Reed - Poplar Bluff, Mo.

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

RECEIVED

JAN 22 1951

BUTLER CO. HEALTH CENTER

FILE No. 151-37

LAB 1-5-1951

JAN 25 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 _____

..... Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.