S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 322

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (In this place): 4h
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctor's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malden 0351
d. STREET ADDRESS (If rural, give location): 211 N. Kimball

3. NAME OF DECEASED (Type or Print): a. (First) Sybol b. (Middle) Anita c. (Last) Allen
4. DATE OF DEATH: (Month) Jan. (Day) 10 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: May 19, 1950
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 7 Days 21; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Japan 7
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Bobby J. Allen
13b. MOTHER'S MAIDEN NAME: Betty Jean Roehm
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Betty Jean Allen ADDRESS: Malden, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diarrhea & Acidosis — INTERVAL BETWEEN ONSET AND DEATH: 3da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) + dehydration
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 5710

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 Jan 9, 1951, to Jan 10, 1951, that I last saw the deceased alive on Jan 10, 1951, and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE: Arthur C. Parker Jr. M.D. (Degree or title)
23b. ADDRESS: Poplar Bluff, Mo
23c. DATE SIGNED: 1/12/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 16 - 1951
24c. NAME OF CEMETERY OR CREMATORY: Bernie, Missouri
24d. LOCATION (City, town, or county) (State): Bernie Missouri

DATE REC'D BY LOCAL REG: Jan 13 - 1951
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE: Day Funeral Home ADDRESS: Malden, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JAN 22 1951
BUTLER CO. HEALTH CENTER
FILE No. 151-40

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 J. G. Schauman

Licensed Embalmer No. 4086

P. O. Address Malden

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.