

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **381**

FILED FEB 9 1951

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **24**

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

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton		c. CITY (If outside corporate limits, write RURAL and give township) Fulton	
c. LENGTH OF STAY (in this place) 4 year		d. STREET ADDRESS (If rural, give location) 201 Sycamore	
d. FULL NAME OF HOSPITAL OR INSTITUTION 201 Sycamore St.			
3. NAME OF DECEASED (Type or Print) a. (First) David		b. (Middle) Milton	
		c. (Last) Allen	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 3 1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 2, 1861
		9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 4 Days 1
		IF UNDER 11 HRS. Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Younger, Missouri
		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Sarah C. Allen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Sarah C. Allen Fulton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Generalized ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Extreme age	
		INTERVAL BETWEEN ONSET AND DEATH Several months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Oct. , 1950, to Feb. , 1951, that I last saw the deceased alive on Feb 2 , 1951, and that death occurred at 2 a m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. J. OWEN M.D.		23b. ADDRESS Fulton Mo	23c. DATE SIGNED Feb. 3, 51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 5, 1951	24c. NAME OF CEMETERY OR CREMATORY Grand View Cem.	24d. LOCATION (City, town, or county) (State) Callaway Co. Mo.
DATE REC'D BY LOCAL REG. Feb. 3 - 1951	REGISTRAR'S SIGNATURE Maretha Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wallace Funeral Home, Fulton, Mo	

RECEIVED

FEB - 6 1951

DISTRICT HEALTH OFFICE No. 4

File No.

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.....

Wm. E. Trehee

Student Embalmer No. *413*

working under my personal supervision.

Student *William E. Trehee*
Student Embalmer

Signed *Denzil C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *Hutton, 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.