

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 21 1951

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016**

264

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

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) Jefferson City 0264	
c. LENGTH OF STAY (in this place) 10 days		d. STREET ADDRESS (If rural, give location) 1008 Fairmount	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Henry	c. (Last) Allen	4. DATE OF DEATH (Month) (Day) (Year) March 12 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 29 1892	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) lawyer	10b. KIND OF BUSINESS OR INDUSTRY legal	11. BIRTHPLACE (State or foreign country) Butler, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jacob D. Allen	13b. MOTHER'S MAIDEN NAME Ida Wood	14. NAME OF HUSBAND OR WIFE Nadine Allen
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If yes, give war or dates of service) W.W. I	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Nadine Allen	ADDRESS 1008 Fairmount
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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		INTERVAL BETWEEN ONSET AND DEATH not known 4200
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Mar 31, 1948**, to **Mar 12, 1951**, that I last saw the deceased alive on **Mar 12, 1951**, and that death occurred at **9:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Earl S. Loyd, M.D. (Degree or title)	23b. ADDRESS Jeff. City, Mo.	23c. DATE SIGNED 3/16/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 14, 1951	24c. NAME OF CEMETERY OR CREMATORY Riverview	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
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DATE REC'D BY LOCAL REG. March 16-1951	REGISTRAR'S SIGNATURE R.P. Norris MS-NR	25. FUNERAL DIRECTOR'S SIGNATURE Tharpe J. Jordan	ADDRESS By B.N.H. 217 E. McCarty St. Jefferson City, Mo.
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RECEIVED 3-20-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 3-20-51

VS SEP 29 1960

REC-3

APR 3 1951

JUL 24 1952

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 *Gideon N. Hovinen*

Licensed Embalmer No. *4579*

P. O. Address. *Jefferson City, 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.