

FILED MAY 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11530

BIRTH NO.		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 119	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone			
b. CITY OR TOWN Columbia		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia 0105			
d. FULL NAME OF HOSPITAL OR INSTITUTION 310 Duncan St.				d. STREET ADDRESS (If rural, give location) 310 Duncan St.			
3. NAME OF DECEASED (Type or Print) MABEL		a. (First)		b. (Middle) MILLER		c. (Last) ALLEN	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 12, 1898	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 52		4. DATE OF DEATH April 27, 1951	
11. BIRTHPLACE (State or foreign country) Boone County, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.		9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months Days Hours Min.	
13a. FATHER'S NAME Flemon Byers		13b. MOTHER'S MAIDEN NAME Agnes Cowden		14. NAME OF HUSBAND OR WIFE Nimrod Allen		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Nimrod Allen, Columbia, 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.		19. MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic 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"/>		INTERVAL BETWEEN ONSET AND DEATH 35 years	
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 <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 May 7, 1949, to April 27, 1951, that I last saw the deceased alive on 12-21, 1950, and that death occurred at 9:00 a.m., from the causes and on the date stated above.		23a. SIGNATURE James H. Allen, M.D. (Degree or title)	
23b. ADDRESS Columbia Mo.		23c. DATE SIGNED 4-28-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 29, 1951	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) Columbia, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Mrs R.E. Palmer		ADDRESS 31 Pardee Funeral Service, Columbia, Mo.	

RECEIVED 5-7-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 5-7-51

FEB 25 1963

RECEIVED
FEB 25 1963

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 _____

working under my personal supervision.

Student Embalmer No.

Signed
Student Embalmer

Signed

Clarence M. Bills

Licensed Embalmer No. 43755

P. O. Address Columbia, 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.