

FILED MAY 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11849

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>52</u>		PRIMARY REG. DIST. NO. <u>6296</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Kinderhook</u>		c. LENGTH OF STAY (In this place) <u>2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Kinderhook</u>		0163	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>one mile South Burfordville</u>				d. STREET ADDRESS (If rural, give location) <u>one mile South Burfordville</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>BARNEY BURTON</u>		b. (Middle) <u>ALLEN</u>		c. (Last) <u>ALLEN</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>2</u>		(Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Feb 22, 1876</u>		9. AGE (In years last birthday) <u>75</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stock Raising</u>		11. BIRTHPLACE (State or foreign country) <u>Burfordville</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Fred Allen</u>		13b. MOTHER'S M maiden name <u>Ann Beckman</u>		14. NAME OF HUSBAND OR WIFE <u>Amanda Hanner Allen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Long Allen Mellersville, Mo.</u> ADDRESS _____			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Drowning</u> 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. INTERVAL BETWEEN ONSET AND DEATH <u>29249</u> <u>19</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1/2 Burfordville</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>016</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>May 2 01 30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Accidental Drowning</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. R. Trickey</u>		(Degree or title) <u>3</u>		23b. ADDRESS <u>Cornmark St Pacific St Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>May 2, 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 4, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Allen</u>		24d. LOCATION (city, town, or county) (State) <u>Near Burfordville Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 3-51</u>		REGISTRAR'S SIGNATURE <u>D. J. Schubert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Miller</u>		ADDRESS <u>Johnson</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 7 1951

DISTRICT HEALTH OFFICE No. 6

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

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Gene C. Crockett

Licensed Embalmer No. *4327*

P. O. Address *Sec. 1, 1919*

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.