

FILED MAY 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15582

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 137	
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 201 Sexton Rd.				d. STREET ADDRESS (If rural, give location) 201 Sexton Rd. 0			
3. NAME OF DECEASED (Type or Print)		a. (First) HENRY		b. (Middle) ALLEN		c. (Last)	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Dec. 20, 1863	
9. AGE (In years, last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		11. BIRTHPLACE (State or foreign country) Callaway County, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Madison Allen		13b. MOTHER'S MAIDEN NAME Julia Wigginton		14. NAME OF HUSBAND OR WIFE Winnie McKeekham			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ada Potts, Columbia, Mo. 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) Carcinoma of Liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 2 yrs	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION		156 A		20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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) none 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 May 1 - 1951, to May 17, 1951, that I last saw the deceased alive on May 17, 1951, and that death occurred at 7 P. M., from the causes and on the date stated above.							
23a. SIGNATURE J.C. Suggitt M.D.		(Degree or title)		23b. ADDRESS Columbia Mo		23c. DATE SIGNED 7/18/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 19, 1951		24c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cemetery		24d. LOCATION (City, town, or county) (State) Boone County, Missouri.	
DATE REC'D BY LOCAL REG. May 19 1951		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer 31		25. FUNERAL DIRECTOR'S SIGNATURE 0 Parmer Funeral Service, Columbia, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-28-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 5-28-51 _____

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 _____

M. S. Philandis

Signed _____
Student Embalmer

Licensed Embalmer No. 3893

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.