

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 3-1951

State File No. 229
Registrar's No. 229

No. 300
10.48

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

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		State File No. 229		Registrar's No. 229			
1. PLACE OF DEATH a. COUNTY Jackson					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson						
b. CITY (If outside corporate limits, write RURAL and give township) Independence			c. LENGTH OF STAY (in this place) 38 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Independence			1485			
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 112 S. Chrysler					d. STREET ADDRESS (If rural, give location) 112 S. Chrysler						
3. NAME OF DECEASED (Type or Print) Lystra			a. (First)		b. (Middle) T		c. (Last) Allen		4. DATE OF DEATH (Month) (Day) (Year) June 21, 1951		
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Aug. 26, 1859		9. AGE (In years last birthday) 91		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired carpenter			10b. KIND OF BUSINESS OR INDUSTRY Buildingtrade			11. BIRTHPLACE (State or foreign country) Jackson, Ohio			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Joel Allen			13b. MOTHER'S MAIDEN NAME Mary Tredder			14. NAME OF HUSBAND OR WIFE Anna Allen (deceased)					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. none			17. INFORMANT'S SIGNATURE OR NAME ADDRESS H. J. Allen, Independence, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))					MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Coronary Polterosis					ANTECEDENT CAUSES DUE TO (b) Senescence					1 year	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					7 years	
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 4201						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 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 1932, 19, to June 21, 1951, that I last saw the deceased alive on June 18, 1951, and that death occurred at 7:00A m. from the causes and on the date stated above.											
23a. SIGNATURE H. J. Allen (Degree or title)					23b. ADDRESS Independence, Mo.			23c. DATE SIGNED June 21, 1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE June 23, 1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Grove Cem.			24d. LOCATION (City, town, or county) (State) Independence, Mo.				
DATE REC'D BY LOCAL REG. 6-22-51		REGISTRAR'S SIGNATURE James H. Cook 354			25. FUNERAL DIRECTOR'S SIGNATURE Geo. C. Larson			ADDRESS Independence, Mo.			

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STATE OF MISSOURI
 DEPARTMENT OF HEALTH
 BUREAU OF HEALTH
 DIVISION OF PUBLIC HEALTH
 ST. LOUIS, MISSOURI

MISSOURI DEPARTMENT OF HEALTH

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 Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence, 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.