

FILED AUG 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22204**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5134** Registrar's No. **839**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Buchanan</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Washington Twsp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph, Mo.</b>	
c. LENGTH OF STAY (in this place) <b>1 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>County Infirmary Route # 3</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>County Infirmary Route # 3</b>			

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>Earl</b>	b. (Middle) <b>Anson</b>	c. (Last) <b>Allen</b>	(Month) <b>Aug.</b>	(Day) <b>1</b>	(Year) <b>1951</b>
(Type or Print)					

<b>5. SEX</b> Male	<b>6. COLOR OR RACE</b> White	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> Widowed	<b>8. DATE OF BIRTH</b> Oct. 14, 1894	<b>9. AGE</b> (In years last birthday) <b>56</b>	<b>10. UNDER 1 YEAR</b> Months _____ Days _____	<b>11. UNDER 12 Mths.</b> Hours _____ Mins. _____
-----------------------	----------------------------------	--	--	--	--	--

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) Retired Brick Mason	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> Brick Layer	<b>11. BIRTHPLACE</b> (State or foreign country) Union Star, Missouri	<b>12. CITIZEN OF WHAT COUNTRY?</b> U. S. A.
---	---	--	---

<b>13a. FATHER'S NAME</b> George H. Allen	<b>13b. MOTHER'S MAIDEN NAME</b> Aldoda Waldo	<b>14. NAME OF HUSBAND OR WIFE</b>
--	--	------------------------------------

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) No	<b>16. SOCIAL SECURITY NO.</b> None	<b>17. INFORMANT'S SIGNATURE OR NAME</b> Mr Russell Ray Allen	<b>ADDRESS</b> 704 No. 4th St.
---	--	--	-----------------------------------

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 hrs.</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral Apoplexy</b>		
	<b>ANTECEDENT CAUSES</b> DUE TO (b) <b>Arteriosclerosis</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (c) <b>None</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>None</b>			

<b>19a. DATE OF OPERATION</b> None	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>334X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	--	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
---	---	--

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
--	--	-----------------------------------

**22. I hereby certify that I attended the deceased from** **Jan 15th 1951**, to **Aug 1st 1951**; that I last saw the deceased alive on **July 29th 1951**, and that death occurred at **8 P.M.** m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <b>B.W. Tadlock</b>	(Degree or title) <b>M. D.</b>	<b>23b. ADDRESS</b> <b>KING HILL BLDG.</b>	<b>23c. DATE SIGNED</b> <b>8/2-51</b>
--	--------------------------------	---	--

<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> Burial	<b>24b. DATE</b> Aug. 4th 1951	<b>24c. NAME OF CEMETERY OR CREMATORY</b> Oak Grove Cemetery	<b>24d. LOCATION (City, town, or county) (State)</b> Union Star, Missouri
--	-----------------------------------	---	--

<b>DATE REC'D BY LOCAL REG.</b> Aug 8, 1951	<b>REGISTRAR'S SIGNATURE</b> <b>Carl E. Caber</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Russell Ray Stanley</b>	<b>ADDRESS</b> 2335 St. Joseph Ave.
--	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

110

**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.

Signed \_\_\_\_\_

*Elmer Thomas*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*2640*

P. O. Address \_\_\_\_\_

*St. Joseph, 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.