

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23892

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4380 Registrar's No. 182

1. PLACE OF DEATH a. COUNTY <u>Madaway</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madaway</u>	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Arhoc</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arhoc</u> <u>0740</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u> b. (Middle) _____ c. (Last) <u>Allen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-17-1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>4-5-1875</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Arhoc, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Henry D. Sweeney</u>		13b. MOTHER'S MAIDEN NAME <u>Mahala M. Kibbons</u>		14. NAME OF HUSBAND OR WIFE <u>Robert N. Allen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert N. Allen</u> ADDRESS <u>Arhoc, Mo.</u>	

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* (a) <u>Auricular fibrillation &amp; Heart Block</u>						<u>2 yrs.</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity 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.		<u>Cardiac Asthma &amp; Cardiac Decompensation</u>				<u>1 yr.</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4330</u>				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 May 2, 1951, to July 16, 1951, that I last saw the deceased alive on July 16, 1951, and that death occurred at 0740 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul J. Kadrell</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Conception Jct., Mo.</u>		23c. DATE SIGNED <u>7/23/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-20-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Miriam Cym</u>		24d. LOCATION (City, town, or county) (State) <u>Maryville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-28-51</u>		REGISTRAR'S SIGNATURE <u>Kess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. Gibson</u> ADDRESS <u>Maryville Mo.</u>			

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

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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.

Signed.....  
Student Embalmer

Signed *G. M. Atchison*  
Student Embalmer No.....

Licensed Embalmer No. *2279*

P. O. Address *Rayville, 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.