

STANDARD CERTIFICATE OF DEATH

State File No. **27811**

FILED AUG 29 1951

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>4405</u>		Registrar's No. <u>260</u>	
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL GREEN RIDGE</u>		c. LENGTH OF STAY (In this place) <u>42 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL GREEN RIDGE</u>		d. STREET ADDRESS (If rural, give township) <u>GREEN RIDGE, Mo 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GREEN RIDGE Mo</u>							
3. NAME OF DECEASED (Type or Print) <u>MARY</u>		a. (First) <u>MARY</u>		b. (Middle) <u>KATE</u>		c. (Last) <u>ALLEN</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB 17 1875</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		11. BIRTHPLACE (State or foreign country) <u>Henry County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>NATHAN PARKER</u>		13b. MOTHER'S MAIDEN NAME <u>JUDITH PETTUS PARKER</u>		14. NAME OF HUSBAND OR WIFE <u>EDWIN DOUGLAS ALLEN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EDWIN DOUGLAS ALLEN, GREEN RIDGE</u>			
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>Coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension, Diabetes Mellitus</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒			
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)		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 <u>June 12, 1951</u> , to <u>Aug 15, 1951</u> , that I last saw the deceased alive on <u>Aug 15, 1951</u> , and that death occurred at <u>10:15 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. A. Hite</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Green Ridge, Mo</u>		23c. DATE SIGNED <u>8-17-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8/18/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HICKORY POINT</u>		24d. LOCATION (City, town, or county) (State) <u>PETTIS Mo</u>	
DATE REC'D BY LOCAL REG. <u>8/18/1951</u>		REGISTRAR'S SIGNATURE <u>A. J. Campbell</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>William C. Givens</u>		ADDRESS <u>Sedalia Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-28-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-28-51

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.....

Student Embalmer

Signed

P. E. Baker

Licensed Embalmer No.

2419

P. O. Address

Sedalia

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.