

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29580

State File No.

FILED SEP 22 1951

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 386

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| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Butler</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> | | c. LENGTH OF STAY (in this place) <u>24 hr</u> | |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Quinn</u> | | d. STREET ADDRESS (If rural, give location) <u>Route 2</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u> | | | |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u> b. (Middle) <u>LEON</u> c. (Last) <u>ALLEN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9-10-51</u> | | |
|--|--|--|--|--|--|

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|-----------------|---------------------------|--|-----------------------------------|---|---|--|
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>D</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>7-15-1941</u> | 9. AGE (In years last birthday) <u>10</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>25</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
|-----------------|---------------------------|--|-----------------------------------|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Schoolboy</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Caruthersville Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Jewell Allen</u> | 13b. MOTHER'S MAIDEN NAME <u>Lucille Jarlton</u> | 14. NAME OF HUSBAND OR WIFE <u>none</u> |
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|--|-------------------------------------|---|--------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (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>Jewell Allen Quinn</u> | 18. ADDRESS <u>R2 Mo</u> |
|--|-------------------------------------|---|--------------------------|

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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>24 hr</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | |
| | ANTECEDENT CAUSES 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>035</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Near Holcomb, Mo.</u> |
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|---|---|---|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9/10/51 4^{PM}</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Automobile accident</u> |
|---|---|---|

22. I hereby certify that I attended the deceased from 9/9, 1951, to 9/10, 1951, that I last saw the deceased alive on 9/10, 1951, and that death occurred at 2:42 PM, from the causes and on the date stated above.

| | | |
|---|--------------------------------------|--------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Arthur C Parker, Jr. M.D.</u> | 23b. ADDRESS <u>Poplar Bluff, Mo</u> | 23c. DATE SIGNED <u>9/4/51</u> |
|---|--------------------------------------|--------------------------------|

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|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9-13-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. George Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo</u> |
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| | | | |
|---|---|---|--------------------------------|
| DATE REC'D BY LOCAL REG. <u>9-12-51</u> | REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Shelby-Juchel</u> | ADDRESS <u>Poplar Bluff Mo</u> |
|---|---|---|--------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

X
No. 300
10. 48

129

RECEIVED

SEP 18 1951

BUTLER CO. HEALTH CENTER

FILE No: 957-407

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 9-10-51

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Gasler Bluff 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.