

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37095

State File No. _____

BIRTH NO. 51894-57 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3023 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Hawaii</u> <u>1461</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Hawaii</u> b. COUNTY <u>Hawaii</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Christa Hogan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <u>Unnamed son of N.A. & Virginia Allen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-26-51</u>		
a. (First)	b. (Middle)		c. (Last)		

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>U</u>	8. DATE OF BIRTH <u>8-26-51</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
					Months	Days
					Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>West Plains Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>N.A. Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Lewis</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Lee Mo</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>U</u>	16. SOCIAL SECURITY NO. <u>U</u>	17. INFORMANT'S SIGNATURE OR NAME <u>N.A. Allen, Thomas Lee Mo</u>		ADDRESS	
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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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown</u>				
ANTECEDENT CAUSES	DUE TO (b) _____			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) _____			
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8/26, 1951 to 8/26, 1951, that I last saw the deceased alive on 8/26/51, 1951, and that death occurred at 11:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Callahan</u> (Degree or title)	23b. ADDRESS <u>West Plains, Mo.</u>	23c. DATE SIGNED <u>10/1/51</u>
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24a. BURIAL CREMATION, RELOCATION (Specify) <u>U</u>	24b. DATE <u>8/28-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodside</u>	24d. LOCATION (City, town, or county) (State) <u>Thomas Lee Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-5-51</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> <u>379</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson, West Plains Mo</u>	ADDRESS
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DIVISION OF HEALTH OF MO. |
District No. 5 - Springfield

RECEIVED | NOV 10 1951

Dist. File 1151-1973

Date Filed 11-14-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

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.