

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

38432

State File No.

FILED DEC 10 1951

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5984 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>North Carolina</u> b. COUNTY <u>Cherkie</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>5 Mi W. of Waynesville, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Murphy</u>	
c. LENGTH OF STAY (In this place) ---		d. STREET ADDRESS (If rural, give location) <u>Willow Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
<u>Robert</u>		<u>Allen, Jr</u>	<u>Dec</u>	<u>2</u>	<u>1951</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced - 2</u>	8. DATE OF BIRTH <u>11 Apr 1918</u>	9. AGE (In years last birthday) <u>34</u>	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Andrews, North Carolina</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Robert Allen, Sr</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW II currently</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>E.W. GRUNEWALD, Major, MSC</u>	ADDRESS <u>US Army Hospital Fort Leonard Wood, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Approx 10min</u> <u>E8124</u> <u>25</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sub & extra dural hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Basal fracture, skull</u> DUE TO (c) <u>Multiple fractures, calvarium compound comminuted fractures tibia and fibula, bilateral</u>		
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 checked="" type="checkbox"/> NO <input 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 66</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Waynesville Pulaski Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 2 1951 1:30A.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Killed when struck by automobile.</u>
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22. I hereby certify that I attended the deceased from DEAD ON ARRIVAL, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. E. Empeking</u>	(Degree or title)	23b. ADDRESS <u>US Army Hospital Fort Leonard Wood, Missouri</u>	23c. DATE SIGNED <u>3 Dec 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12/4/51</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Murphy, North Carolina</u>
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DATE REC'D BY LOCAL REG. <u>12-4-51</u>	REGISTRAR'S SIGNATURE <u>Charles E. Anderson</u>	456	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Hedges</u>	ADDRESS <u>Genia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

3
10.48

RECEIVED 12-4-51
Pulaski County Health Officer
File Number
Date Filed 12-8-51

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. 432

working under my personal supervision.

Student Clarence Moss
Student Embalmer

Signed _____

Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Idalia, 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.