

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40395

State File No. \_\_\_\_\_

FILED NOV 16 1951

BIRTH NO. _____		REG. DIST. NO. <u>331</u>		PRIMARY REG. DIST. NO. <u>4484</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u> <u>1000</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Commerce</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Commerce</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>P. O. Box 113</u>				d. STREET ADDRESS (If rural, give location) <u>P. O. Box 113</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dave</u>		b. (Middle) _____		c. (Last) <u>Allen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 3, 1951</u>	
5. SEX <u>Male</u> <u>2</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 7, 1888</u>	
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Commerce, Missouri</u> <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Hall</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie Mae Allen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lillie Mae Allen, Commerce, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. Myocarditis</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.				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>4222</u>		22. I hereby certify that I attended the deceased from <u>10-1</u> , 19 <u>51</u> , to <u>11-3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-3</u> , 19 <u>51</u> , and that death occurred at <u>4:00 Am.</u> , from the causes and on the date stated above.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		23a. SIGNATURE <u>J. M. Lano</u> (Degree or title) <u>M.D.</u>	
23b. ADDRESS <u>Morehouse, Mo.</u>		23c. DATE SIGNED <u>11-6-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 7, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>		24d. LOCATION (City, town, or county) (State) <u>Commerce, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Sparks</u> ADDRESS <u>Charleston, Mo.</u>		DATE REC'D BY LOCAL REG. <u>Nov-14-51</u>	
REGISTRAR'S SIGNATURE <u>Mrs. Addie Harris</u>		345		(Licensed Embalmer's Statement on Reverse Side)			

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

RECEIVED NOV 14 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1151-242

JUN 15 1952

### 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

*Frank J. Sparks*

Licensed Embalmer No. 3455

P. O. Address Cape Scurden m

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.