

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED MAR 6 1952		BIRTH NO. 6549		REG. DIST. NO. 104		PRIMARY REG. DIST. NO. 4176		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Dunklin					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden					c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden 0351				
d. FULL NAME OF HOSPITAL OR INSTITUTION Bailey Hospital					d. STREET ADDRESS (If rural, give location) Malden				
3. NAME OF DECEASED (Type or Print) Warren Dale Allen			a. (First) Warren b. (Middle) Dale c. (Last) Allen			4. DATE OF DEATH February 19-52			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant		8. DATE OF BIRTH February 18-52		9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HRS. Hours 7 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Malden, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Bobbie Allen			13b. MOTHER'S MAIDEN NAME Betty J. Roehm			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Bill Roehm ADDRESS Malden, Mo.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Birth Injury Morbid 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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7600						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) m.		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 18 Feb , 19 52 , to 19 Feb , 19 52 , that I last saw the deceased alive on 19 Feb , 19 52 , and that death occurred at 7:45 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Charles Williams M.D.				23b. ADDRESS Malden, Mo.				23c. DATE SIGNED 19 Feb 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 20		24c. NAME OF CEMETERY OR CREMATORY Bernie		24d. LOCATION (City, town, or county) (State) Bernie, Mo.			
DATE REC'D BY LOCAL REG. 2-28-52		REGISTRAR'S SIGNATURE J. W. Schuman		25. FUNERAL DIRECTOR'S SIGNATURE Day Funeral Home ADDRESS Malden, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-3-52

COUNTY FILE NUMBER 352-67

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

J. D. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

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.