

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

7331

FILED MAR 31 1952

BIRTH NO.		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>83</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> c. LENGTH OF STAY (in this place) <u>0105</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> d. STREET ADDRESS (If rural, give location) <u>1120 Range Line</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>S.</u> c. (Last) <u>ALLEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 23, 1952</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 27, 1870</u>		9. AGE (In years last birthday) <u>81</u>		10. UNDER 1 YEAR Months <u>7</u> Days <u>26</u>	
11. BIRTHPLACE (State or foreign country) <u>Grand Isle, Vermont</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Record, Columbia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial collapse</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocardial degeneration</u> DUE TO (c) <u>Malignant malnutrition</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>4 years</u> <u>4 years</u> <u>unk.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>281X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>3-17, 1952</u> , to <u>3-23, 1952</u> , that I last saw the deceased alive on <u>3-23, 1952</u> , and that death occurred at <u>1:30 PM.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Harold E. Cooper MD</u>	
23b. ADDRESS <u>Columbia Mo.</u>		23c. DATE SIGNED <u>3-26-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 26, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parer Funeral Service, Columbia, Mo.</u>		25. ADDRESS	
DATE REC'D BY LOCAL REG. <u>Mar 26 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		31-0			

(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~only~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Clarence M. Billo

Licensed Embalmer No. *4375*

P. O. Address *Columbia, 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.