

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8897

FILED APR 10 1952

REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5625 Registrar's No. 57

0530
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Steeper</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Auglaize</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lebanon Mo Rt 4</u>		d. STREET ADDRESS (If rural, give location) <u>Lebanon, Mo. Rt 4</u>	
3. NAME OF DECEASED a. (First) <u>Thomas</u> b. (Middle) <u>Danish</u> c. (Last) <u>Allen</u>		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>30</u> (Year) <u>1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 18-1869</u>
9. AGE (In years last birthday) <u>83</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JOSEPH ALLEN</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN GIER</u>	
14. NAME OF HUSBAND OR WIFE <u>ANNE Hough Allen</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Oliver Barnes</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) _____ DUE TO (c) _____ 2. 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 <u>331X</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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:00 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Richard L. Palmer</u>		23b. ADDRESS <u>Lebanon, Mo.</u>	
23c. DATE SIGNED <u>4-2-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4-4-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bennett CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>Dallas Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Jones</u>	
25. ADDRESS <u>Buffalo, Mo.</u>		DATE REC'D BY LOCAL REG. <u>4-3-1952</u>	
REGISTRAR'S SIGNATURE <u>Hella L. Hay</u>		424	

APR 5 1952

Received

Laclede County Health Unit

File No. X - 52 - 43

Date Filed APR 8 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

Mrs. B. Jones

Licensed Embalmer No. 4322

P. O. Address

Buffalo, 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.