

11 MAY 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3036
4278 State File No. 13466

0551
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>176</u>		PRIMARY REG. DIST. NO. <u>6252</u>		Registrar's No. <u>13</u>		
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>		c. LENGTH OF STAY (If this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miller Lincoln</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0550</u>				
3. NAME OF DECEASED (Type or Print), <u>Fele Allen</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>4-8-1952</u>		(Month) (Day) (Year)		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8-24-1904</u>		9. AGE (In years last birthday) <u>47</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>12</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lawrence Co.</u>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>Thomas Burhison</u>			13b. MOTHER'S MAIDEN NAME <u>Sabbie Turner</u>			14. NAME OF HUSBAND OR WIFE <u>Jack 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 ADDRESS <u>Mrs. Vera McGehee Harrison Ark.</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>acute myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>						
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>						
DUE TO (c) <u>atherosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 years</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 <u>4201</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) m.		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>April 7, 1952</u> , to <u>April 8, 1952</u> , that I last saw the deceased alive on <u>April 8, 1952</u> , and that death occurred at <u>8:42</u> p. m., from the causes and on the date stated above.								
23a. SIGNATURE <u>J. J. Adkins M.D.</u> (Degree or title)				23b. ADDRESS <u>Miller Mo.</u>		23c. DATE SIGNED <u>April 19 1952</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (6)</u>		24b. DATE <u>4-12-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Boymore</u>		24d. LOCATION (City, town, or county) (State) <u>N.E. of Miller Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-20-52</u>		REGISTRAR'S SIGNATURE <u>W. S. Britney</u> 157-1		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris Lemmon</u>		ADDRESS <u>Miller Mo.</u>		

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

E. R. Seiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.