S. No. 300
v. 10.48

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

FILED MAY 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17309

BIRTH NO. _____ REG. DIST. NO. 23-3-2 PRIMARY REG. DIST. NO. 5812 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Prairie twp
c. LENGTH OF STAY (in this place) 1 Yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Prairie Twp 09071
d. STREET ADDRESS (If rural, give location) 3 Mi West Middletown, Mo

3. NAME OF DECEASED (Type or Print) a. (First) Owen b. (Middle) T c. (Last) Allen

4. DATE OF DEATH (Month) May (Day) 20 (Year) 1952

5. SEX M

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan. 15. 1906

9. AGE (In years last birthday) 46 — If UNDER 1 YEAR: Months / Days — If UNDER 1 DAY: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pastor

10b. KIND OF BUSINESS OR INDUSTRY Minister

11. BIRTHPLACE (State or foreign country) Phillipsburg Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Frank Allen

13b. MOTHER'S MAIDEN NAME Clara Baird

14. NAME OF HUSBAND OR WIFE Mrs. Zola Allen

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. 320-24-0630

17. INFORMANT'S SIGNATURE OR NAME Mrs. Zola Allen — **ADDRESS** Middletown 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BASIL FRACTURE of SKULL — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) TRAUMATIC INJURY
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. E9121 3

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 570

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) FARM

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Middletown - Prairie Twp. Montgomery MO

21d. TIME OF INJURY (Month) MAY (Day) 20 (Year) 1952 (Hour) 2-5 P.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? DROVE TRACTOR OVER CREEK BANK

22. *I hereby certify that I* VIEWED *the deceased from* 20 MAY, 1952, *to* _____, 19___, *that I last saw the deceased alive on* 16 MAY, 1952, *and that death occurred at* 5 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Clement W. Zumwalt D.C. — (Degree or title) Coroner

23b. ADDRESS Montgomery City Mo

23c. DATE SIGNED 20 MAY 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 24, 1952

24c. NAME OF CEMETERY OR CREMATORY Fairmount Cemetery

24d. LOCATION (City, town, or county) Middletown — (State) Mo

DATE REC'D BY LOCAL REG. May 23 - 52

REGISTRAR'S SIGNATURE Zoa F. Chapman

25. FUNERAL DIRECTOR'S SIGNATURE A.R. Critchett — **ADDRESS** Middletown Mo

(Licensed Embalmer's Statement on Reverse Side)

JUN 11 1954

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 John N. Butler

Licensed Embalmer No. 4477

P. O. Address Bowling Green Ky

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.