

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17545

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

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4433</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH a. COUNTY <u>Putnam</u> <u>0860</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Putnam</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Unionville</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Unionville</u> <u>0860</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home</u>				d. STREET ADDRESS (If rural, give location) <u>home</u>			
3. NAME OF DECEASED (Type or Print) <u>Otis Jefferson Allen</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> - <u>20</u> 19 <u>52</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>1924-3-14</u>	
9. AGE (In years, last birthday) <u>28</u>		10. F UNDER 1 YEAR Days <u>2</u>		11. F UNDER 1 HRS. Hours <u>6</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labour</u>				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (City, State or Foreign Country) <u>Mo.</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>			
13a. FATHER'S NAME <u>Lawrence Allen</u>				13b. MOTHER'S MAIDEN NAME <u>Rebecca Vincent</u>			
14. NAME OF HUSBAND OR WIFE <u>no</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			
16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
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>GUN SHOT WOUND in head.</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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E976X</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Unionville Putnam Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 20 1952 8 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>12 gauge Shotgun in throat. Bleeding of face.</u>			
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles H. Houser</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>Unionville Mo</u>		23c. DATE SIGNED <u>July 20, 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>May 25</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Putnam Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-7-52</u>		REGISTRARS SIGNATURE <u>Marvell D. Dyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed. Husted &amp; Son</u>		ADDRESS <u>Unionville</u>	

(Licensed Embalmer's Statement on Reverse Side)

JUL 21 1952

JUL 22 1952

MAR 4 1952

JUN 19 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 \_\_\_\_\_

Licensed Embalmer No. 2975

P. O. Address Lawsonville

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.