

JUN 19 1952

THE DIVISION OF RESOURCES  
STANDARD CERTIFICATE OF DEATH

State File No. 82

BIRTH NO. _____		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 3033		Registrar's No. 82	
1. PLACE OF DEATH a. COUNTY <u>hatchee</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Frankness before admission). a. STATE <u>MO</u> b. COUNTY <u>DELLERS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <u>1300</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BUFFALO</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Long Rest Home</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pearl</u>		b. (Middle) <u>Fern</u>		c. (Last) <u>Allen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-5-1952</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Oct. 21-1888</u>	
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		11. BIRTHPLACE (State or foreign country) <u>Lincoln, Illinois</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>Johns. 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>—</u>		17. INFORMANT'S SIGNATURE AND ADDRESS <u>Gladys Allen Chicago ILL.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CG. Left Aorta</u>  ANTECEDENT CAUSES Atorbid 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.  INTERVAL BETWEEN ONSET AND DEATH <u>(7)</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>175X</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) <u>6-5-1952</u>		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>5-31</u> , 19 <u>52</u> , to <u>6-5</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-5</u> , 19 <u>52</u> , and that death occurred at <u>2:10 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. E. Harnell</u> (Degree or Title)				23b. ADDRESS <u>Lebanon Mo</u>		23c. DATE SIGNED <u>6-8-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>6-9-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>BUFFALO, MO</u>	
DATE REC'D BY LOCAL REG. <u>6-9-1952</u>		REGISTRAR'S SIGNATURE <u>Hella L. Hays</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Montgomery-Saughan</u>		ADDRESS <u>Buffalo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Received JUN 14 1952  
Laclede County Health Unit  
File No. 6-52-72  
Date Filed JUN 14 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

*Lloyd Montgomery*

Licensed Embalmer No.

3592

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.