

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27117**

BIRTH NO.		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006 Registrar's No. 236	
1. PLACE OF DEATH a. COUNTY Boone 0105 b. CITY (If outside corporate limits, write RURAL and give township) Columbia c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION 900 Conley Ave.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone 0105 c. CITY (If outside corporate limits, write RURAL and give township) Columbia d. STREET ADDRESS (If rural, give location) 900 Conley Ave.	
3. NAME OF DECEASED (Type or Print) EMILY ALLEN		a. (First)		b. (Middle)	
4. DATE OF DEATH August 31, 1952		c. (Last)		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 1, 1879	
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		11. BIRTHPLACE (State or foreign country) Columbia, Missouri.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Odon Guitar		13b. MOTHER'S MAIDEN NAME Katherine Leonard	
14. NAME OF HUSBAND OR WIFE Edward T. Allen		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ---	
17. INFORMANT'S SIGNATURE OR NAME Edward T. Allen, Columbia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer 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. INTERVAL BETWEEN ONSET AND DEATH 2 yrs		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)	
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 1-25-1952 to 8/31-1952 , and that I last saw the deceased alive on Aug 28, 1952 and that death occurred at 8 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE John J. Jones (Degree or title)		23b. ADDRESS Columbia, Mo.		23c. DATE SIGNED 9-2-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 2, 1952		24c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery	
24d. LOCATION (City, town, or county) (State) Columbia, Missouri.		DATE REC'D BY LOCAL REG. Sept. 2 1952		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer	
25. FUNERAL DIRECTOR'S SIGNATURE Parson Funeral Service, Columbia, Mo.		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 3 1958

SEP 7 1957

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4375

P. O. Address Columbia, 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.