S. No. 300
v. 10.48

OCT 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32255

State File No.

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 312

0644
1

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

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1226 Girard Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 0644
d. STREET ADDRESS (If rural, give location): 1226 Girard Street 0

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Luther
c. (Last): Allen

4. DATE OF DEATH (Month) (Day) (Year): Oct. 5, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Oct. 22, 1875
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Stk. Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Factory
11. BIRTHPLACE (City and State or Foreign Country): Ralls County Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: William L. Allen
13b. MOTHER'S MAIDEN NAME: ? Glasscock
14. NAME OF HUSBAND OR WIFE: Myrtle Gasaway Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 490-07-7380A
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Mae MC Daniel, Rochester N.Y

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) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: Instant

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☐

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): Hannibal, Marion Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1950, *to* Oct, 1952, *that I last saw the deceased alive on* Oct 3, 1952, *and that death occurred at* 7:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. H. Wattischeuf M.D.O
23b. ADDRESS: 508 Broadway Hannibal
23c. DATE SIGNED: 10/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Oct. 7, 1952
24c. NAME OF CEMETERY OR CREMATORY: Grand View Burial Park
24d. LOCATION (City, town, or county) (State): Hannibal Missouri

DATE REC'D BY LOCAL REG.: 10-7-52
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W. C. Fisher 1870
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Jack Schwartz - Hannibal, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 13 1952
MARION CO. HEALTH DEPT.
DATE FILED OCT 13 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 Jack Schwartz
Licensed Embalmer No. 4900
P. O. Address Hannibal, 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.