

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **32347**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **233** PRIMARY REG. DIST. NO. **4348** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Wellsville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>New Florence</b>	
c. LENGTH OF STAY (In this place) <b>4 years</b>		d. STREET ADDRESS (If rural, give location) <b>1700</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Knight's Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) <b>Magnolia</b>		c. (Last) <b>Allen</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 25 52</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 16 1867</b>		9. AGE (In years last birthday) <b>85</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>New Florence Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>					

13a. FATHER'S NAME <b>James Elred</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda Wright</b>		14. NAME OF HUSBAND OR WIFE <b>Edward Lee Allen</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NO.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Geo. Allen</b>	
				ADDRESS <b>New Florence Mo</b>	

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) <b>BRONCHIAL PNEUMONIA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CEREBRAL HAEMORRHAGE</b>		
	DUE TO (c) <b>INT. T. AL NEPHRITIS</b>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>594X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **July 11, 1951**, to **Sept 25, 1952** that I last saw the deceased alive on **Sept 15, 1952**, and that death occurred at **5:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>James R. Helm</b>		(Degree or title) <b>MD</b>		23b. ADDRESS <b>New Florence Mo.</b>		23c. DATE SIGNED <b>Sept 28-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Sept 28-52</b>		24c. NAME OF CEMETERY OR CREMATORIUM <b>New Florence</b>		24d. LOCATION (City, town, or county) (State) <b>New Florence Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Sept 28-1952</b>		REGISTRAR'S SIGNATURE <b>W. B. Romans Jr</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Rev. Hopkins</b>		ADDRESS <b>Montgomery</b>	

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

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# 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: FR. Halls

Licensed Embalmer No. 1588

P. O. Address. Hallsville, 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.