

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37629

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 318	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		0105	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 118 Fourth Ave.				d. STREET ADDRESS (If rural, give location) 118 Fourth Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) OMER		b. (Middle) JOSEPH		c. (Last) ALLEN		4. DATE OF DEATH (Month) (Day) (Year) Nov. 30, 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 1, 1893	
9. AGE (In years last birthday) 59		10. UNDER 1 YEAR Months 7		11. UNDER 1 YEAR Days 29		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Dept. U. of Mo. Power Plant				10b. KIND OF BUSINESS OR INDUSTRY			
11a. BIRTHPLACE (City and State or Foreign Country) Callaway County, Missouri		11b. BIRTHPLACE (City and State or Foreign Country) Callaway County, Missouri		11c. BIRTHPLACE (City and State or Foreign Country) Callaway County, Missouri		11d. BIRTHPLACE (City and State or Foreign Country) Callaway County, Missouri	
13a. FATHER'S NAME Henry Allen		13b. MOTHER'S MAIDEN NAME Winnie McKeehan		14. NAME OF HUSBAND OR WIFE Anna L. Daly			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Omer J. Allen, Columbia, Mo.		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Right Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c) Marked Emphysema II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:40 P. M., from the causes and on the date stated above.							
23a. SIGNATURE _____ (Degree or title)		23b. ADDRESS _____		23c. DATE SIGNED 12-2-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 3, 1952		24c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cemetery		24d. LOCATION (City, town, or county) (State) Callaway County, Missouri.	
DATE REC'D BY LOCAL REG. Dec. 2 1952		REGISTRAR'S SIGNATURE Mrs. R. E. Palmer 31		FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service, Columbia, Mo.		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 1 1954

DEC 1 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 J. W. Phillips

Licensed Embalmer No. 4897

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.