

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**39275**

State File No. ....

**NOV 28 1952**

BIRTH NO. ....		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>170</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		c. LENGTH OF STAY (In this place) <u>50 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		<u>0532</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>881 No. Jefferson</u>				d. STREET ADDRESS (If rural, give location) <u>881 No. Jefferson</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sam</u>		b. (Middle) <u>C.</u>		c. (Last) <u>Allen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 12 1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 31 1869</u>		9. AGE (In years last birthday) <u>82</u> If under 1 year: Months _____ Days _____ If under 1 mth: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer &amp; Sheriff</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Frankford Co. Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Moore</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Allen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>1</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rudolph Allen Lebanon Mo.</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>Coronary heart disease</u>  ANTECEDENT CAUSES Morbidity 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 _____				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
19b. MAJOR FINDINGS OF OPERATION  <u>4201</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) _____		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>Jan. 1951</u> , to <u>Nov. 12, 1952</u> that I last saw the deceased alive on <u>Nov. 8, 1952</u> , and that death occurred at <u>30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. Carrington, M.D.</u>				23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>11-14-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/16/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon MO.</u>	
DATE REC'D BY LOCAL REG. <u>11-17-1952</u>		REGISTRAR'S SIGNATURE <u>Hella L. Hays</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bahm's</u>		ADDRESS <u>Lebanon Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
v. 10.48

Received NOV 23 1952  
Saclede County Health Unit  
File No. 11-52-160  
Date Filed NOV 26 1952

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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

*S. P. Palmer*

Licensed Embalmer No. 3208

P. O. Address Lebanon, 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.