

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

43110

State File No. _____

FILED JAN 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5985</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Navarro</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pt Leonard Wood, Mo</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Corsicana</u> <u>842</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>US Army Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>106 Havenor Ave</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Charles</u>		b. (Middle) <u>N</u>		c. (Last) <u>ALIEN</u>	
4. DATE OF DEATH		(Month) <u>Dec</u>		(Day) <u>31</u>		(Year) <u>1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>20 Feb 1949</u>		9. AGE (In years last birthday) <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Colorado Springs, Colo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Duel N. Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie J Renfro</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>1/Lt DUEL N ALLEN</u> ADDRESS <u>Pt Leonard Wood, 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>Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Lymphogenous Leukemia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2040</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>31 Dec 1952</u>		19b. MAJOR FINDINGS OF OPERATION				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) (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 <u>30 Dec</u> , 1952, to <u>31 Dec</u> , 1952, that I last saw the deceased alive on <u>31 Dec</u> , 1952, and that death occurred at <u>5:15 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Kenneth C. Chumble</u> (Degree or title) <u>Capt</u>				23b. ADDRESS <u>US Army Hospital, Fort Leonard Wood, Mo</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan. 1, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hamilton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Corsicana, Texas</u>	
DATE REC'D BY LOCAL REG. <u>1-8-53</u>		REGISTRAR'S SIGNATURE <u>Paul E. Null</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u>		ADDRESS <u>Rolla, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-9-53
Quasi: County Health Officer
File Number
Date Filed 1-10-58

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 _____

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.