

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **45251**

FILED MAR 24 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>Ft Leonard Wood, Mo</u>				c. LENGTH OF STAY (in this place) - - - -			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>US Army Hospital</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Corsicana</u> <u>8420</u>			
				d. STREET ADDRESS (If rural, give location) <u>106 Hayener Ave</u> <u>8</u>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
		<u>Charles</u>		<u>N</u>		<u>ALLEN</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>		10. UNDER 1 YEAR Months Days		11. BIRTHPLACE (City and State or Foreign Country) <u>Colorado Springs, Colo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <u>Duel N. Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie J Renfro</u>	
13c. NAME OF HUSBAND OR WIFE		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		15. SOCIAL SECURITY NO. <u>NO</u>		16. INFORMANT'S SIGNATURE OR NAME <u>1/Lt DUEL N ALLEN Ft Leonard Wood, Mo</u>	
17. 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, asthma, 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.				INTERVAL BETWEEN ONSET AND DEATH	
18a. DATE OF OPERATION <u>31 Dec 1952</u>		18b. MAJOR FINDINGS OF OPERATION  <u>2041</u>				19. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21c. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>130 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 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Kenneth C. Nichol Captain</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, 1953</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>3-20-53</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

0850

Date Filed 3-21-53  
File Number

Alaska County Health Officer

RECEIVED  
3-20-53

### 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 Paul E. Mullen

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.