

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

184

State File No.

FILED JAN 29 1953

BIRTH NO.		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5112</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BOLLINGER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-LORRANCE TWP</u>		c. LENGTH OF STAY (in this place) <u>ALL OF LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LAFLIN - LORRANCE TWP</u>		0070	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAFLIN</u>				d. STREET ADDRESS (If rural, give location) <u>LAFLIN Route - LORRANCE - TWP</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZAH</u>		b. (Middle) <u>WASHINGTON</u>		c. (Last) <u>ALLEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 22 1953</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>4-21-1872</u>	
9. AGE (In years last birthday) <u>80</u>		10. MONTHS <u>9</u>		11. DAYS <u>1</u>		12. HOURS <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>GLEN ALLEN, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>DANIEL JACKSON ALLEN</u>		13b. MOTHER'S MAIDEN NAME <u>EMMALINE SHURM</u>		14. NAME OF HUSBAND OR WIFE <u>GARRIE ALLEN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maude Allen Laflin 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* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) <u>cardiac atrophy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>410x</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP <u>BOLLINGER</u>		21d. COUNTY <u>MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>no injury</u>			
22. I hereby certify that I attended the deceased from <u>Dec 1, 1952</u> to <u>Dec 22, 1953</u> that I last saw the deceased alive on <u>Jan 23, 1953</u> and that death occurred at <u>11:00</u> m. from the causes and on the date stated above.							
23a. SIGNATURE <u>William Henry M. J. Laflin</u>				23b. ADDRESS <u>Laflin Mo</u>		23c. DATE SIGNED <u>1-23-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-25-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAFLIN Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>LAFLIN, MO</u>	
DATE REC'D BY LOCAL REG. <u>Jan 26, 53</u>		REGISTRAR'S SIGNATURE <u>William Henry M. J. Laflin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Ward</u>		ADDRESS <u>Luttwille, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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. 3810

P. O. Address Cape Girardeau, 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.