

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4565**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada	
c. LENGTH OF STAY (in this place) 14 yrs.		1082	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If rural, give location) 708 N. Clay Street	

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) ROE c. (Last) ALLEN	4. DATE OF DEATH (Month) (Day) (Year) Jan 20 - 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-4-1866	9. AGE (In years last birthday) 86	# UNDER 1 YEAR 8	YEAR 16	# UNDER 100 HOURS 1	MIN. 11, S.A.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant (Retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Greenville Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Archibald S. Allen	13b. MOTHER'S MAIDEN NAME Emily Owen	14. NAME OF HUSBAND OR WIFE Henrietta Ethel Allen
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Henrietta Ethel Allen Nevada, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hours.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 331X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis and Advanced age.			

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>
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22. I hereby certify that I attended the deceased from **11-28, 1952**, to **1-20, 1953**, that I last saw the deceased alive on **1-20, 1953**, and that death occurred at **2 P.M.** m., from the causes and on the date stated above.

23a. SIGNATURE W. Howe MD (Degree or title)	23b. ADDRESS Nevada, Mo.	23c. DATE SIGNED 1-22-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-23-53	24c. NAME OF CEMETERY OR CREMATORY Fayetteville	24d. LOCATION (City, town, or county) (State) Fayetteville, Ark.
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DATE REC'D BY LOCAL REG. 1-26-53	REGISTRAR'S SIGNATURE Anna E. Ferris	451	25. FUNERAL DIRECTOR'S SIGNATURE Harris Funeral Service ADDRESS Nevada, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

082

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *H. H. Marmaduke*

Signed.....
Student Embalmer

Licensed Embalmer No. *2070*

P. O. Address *Shawnee, 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.