

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4785

State File No. _____

FILED FEB 17 1953

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RICH HILL</u>	c. LENGTH OF STAY (In this place) <u>75 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>RICH HILL</u>	<u>0070</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5TH & OLIVE ST.</u>		d. STREET ADDRESS (If rural, give location) <u>5TH & OLIVE ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>AGNES</u>	b. (Middle) <u>—</u>	c. (Last) <u>ALLEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB-9-1953</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APRIL-12-1866</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BARKHALL SCOTLAND U.S.A.</u>
13a. FATHER'S NAME <u>BIGGART WATSON</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>DR. WM. ALLEN (deceased)</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Beulah Watson - Rich Hill, Mo.</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 Jan 1950 to Feb 9, 1953, that I last saw the deceased alive on Feb 9, 1953 and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward J. Green</u>	(Degree or title)	23b. ADDRESS <u>Rich Hill, Mo.</u>	23c. DATE SIGNED <u>Feb 11 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>FEB 11 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN CEMETERY</u>	24d. LOCATION (City, town, or county) <u>RICH HILL, MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>Feb. 13, 1953</u>	REGISTRAR'S SIGNATURE <u>Mrs. Edna Douglas Booth</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Booth Funeral Home - Rich Hill, Mo.</u>	

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

070

APR 8 1953

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 *Robert D. Steinbeck*

Licensed Embalmer No. *4657*

P. O. Address *Butler, 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.