

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8800

State File No. _____

FILED MAR 23 1953

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|---|--|--|--|---|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>325</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. LENGTH OF STAY (In this place) <u>20 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | <u>0117</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3825 King Hill Ave.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3825 King Hill Ave.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Elias</u> c. (Last) <u>Allen</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 6, 1953</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Sept. 7, 1887</u> | |
| 9. AGE (In years last birthday) <u>65</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Mins. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section Foreman</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>C.E.&Q. R. R.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Union Star, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>George Allen</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Carrie Roof</u> | | 14. NAME OF HUSBAND OR WIFE <u>Margaret 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>708-10-6209</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Margaret Allen 3825 King Hill Av.</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</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 <u>4 hrs</u> <u>6 yrs</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | | | | | 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 <u>3-6-</u> , 1953, to <u>3-6</u> , 1953, that I last saw the deceased alive on <u>3-6-</u> , 1953, and that death occurred at <u>12:55 m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>John R. Jorgrave MD</u> | | | | 23b. ADDRESS <u>420 N. 8th St. St. Joseph, Mo.</u> | | 23c. DATE SIGNED <u>3-7-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Mar 9, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>March 16, 1953</u> | | REGISTRAR'S SIGNATURE <u>Wm. P. Balmain</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark Funeral Home</u> | | ADDRESS <u>120 Illinois Av.</u> | |

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

Dept. Registrar (Licensed Embalmer's Statement on Reverse Side)

APR 24 1957

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 Emma Clark

Licensed Embalmer No. 4235

P. O. Address. St Joseph 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.