No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9127

FILED APR 4 1953

State File No.

BIRTH NO. REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4112 Registrar's No. 13

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

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dalton
c. LENGTH OF STAY (In this place): 59-Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): E.Part of Dalton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo.
b. COUNTY: Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dalton, Mo. 0210
d. STREET ADDRESS (If rural, give location): E.Part of Dalton

3. NAME OF DECEASED (Type or Print): a. (First) Earl b. (Middle) Matthew c. (Last) Allen

4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Black

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 7th, 1893

9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR Months: 6 Days: 14 — IF UNDER 1 HR. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer & Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and State or Foreign Country): Bowling Green Twp. Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Allen

13b. MOTHER'S MAIDEN NAME: Fannie Winn

14. NAME OF HUSBAND OR WIFE: Lydia Tatum Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Tom Allen Keytesville, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 9yrs +

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4222

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 12, 1944, *to* March 21, 1953, *that I last saw the deceased alive on* March 18, 1953, *and that death occurred at* 4:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE Carl C. Hagen (Degree or title) M.D.

23b. ADDRESS Keytesville Mo

23c. DATE SIGNED 3/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March, 24th 1953

24c. NAME OF CEMETERY OR CREMATORY: City Cemetery

24d. LOCATION (City, town, or county) (State): Dalton Mo.

DATE REC'D BY LOCAL REG.: 3-24-53

REGISTRAR'S SIGNATURE: Mildred Boone

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hyde & Dawson Keytesville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 H D Garnett

Licensed Embalmer No. 3046

P. O. Address Key Leesville 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.