

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13208

State File No.

37

FILED APR 18 1953

BIRTH NO. REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No.

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Adrian	
c. LENGTH OF STAY (in this place) 3 Days			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Butler Memorial Hospital		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Edwin b. (Middle) Lenore c. (Last) Allen			4. DATE OF DEATH (Month) (Day) (Year) Apr. 5 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 9, 1874	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR 10 MONTHS 26 DAYS 0 HOURS 0 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) St. Louis Missouri			12. CITIZEN OF WHAT COUNTRY? Yes		

13a. FATHER'S NAME Lawrence Rice Allen		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Cooper		14. NAME OF HUSBAND OR WIFE Cora Alice 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. 486-03-1983A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Whitman Allen, Adrian 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia & Coronary ANTECEDENT CAUSES Diabetic & Cardiac Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetic renal years DUE TO (c) Diabetic renal years 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4 days	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260X		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) m.		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 **April 2, 1953**, to **April 4, 1953**, that I last saw the deceased alive on **Apr. 4, 1953**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. E. Robinson M.D. (Degree or title)		23b. ADDRESS Adrian, Mo.		23c. DATE SIGNED 4-6-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-7-53		24c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cem.	
				24d. LOCATION (City, town, or county) (State) Adrian Mo.	

DATE RECD BY LOCAL REGISTRAR'S SIGNATURE 170		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Funeral Service, Adrian Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

72

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3650

P. O. Address Adrian 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.

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