

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17767**
Registrar's No. **75**

FILED JUN 2 1953

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021**

1. PLACE OF DEATH a. COUNTY Grundy 0402		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Grundy 0400	
b. CITY (If outside corporate limits, write RURAL and give township) Trenton		c. CITY (If outside corporate limits, write RURAL and give township) Trenton 0	
c. LENGTH OF STAY (In this place) 7 days		d. STREET ADDRESS (If rural, give location) Route 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION Weight Memorial Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Francis b. (Middle) Marion c. (Last) Allen			4. DATE OF DEATH (Month) (Day) (Year) APR 14 1953		
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Feb 2 1875		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Days 2 IF UNDER 1 HRS. 25 Min. 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (State or foreign country) Livingston Co. Mo	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME William Allen		13b. MOTHER'S MAIDEN NAME Sarah Ellen Offield		14. NAME OF HUSBAND OR WIFE AMANDA DAVIDSON	
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 Ida Cornwell ADDRESS Route 6 Trenton	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		DUPLICATE TO (b) Generalized Atherosclerosis				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)		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 **March 15, 1953**, to **April 14, 1953**, that I last saw the deceased alive on **April 14, 1953**, and that death occurred at **3:00 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph M. Quisito (Degree or title) M.D.		23b. ADDRESS Trenton Mo		23c. DATE SIGNED April 15, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE April 16 1953		24c. NAME OF CEMETERY OR CREMATORY Willis Chapel cemetery	
24d. LOCATION (City, town, or county) (State) Beimson P.F.D. Mo		DATE REC'D BY LOCAL REG. Apr. 16 1953		REGISTRAR'S SIGNATURE 115-1	
25. FUNERAL DIRECTOR'S SIGNATURE DAVIS-Blackmore		ADDRESS Trenton, Mo.			

Dr. Quisito.

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

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

Jordan Blackman

Signed.....
Student Embalmer

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.