

18473

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 70

No. 300

10.48

FILED MAY 26 1953

BIRTH NO. _____		REG. DIST. NO. <u>15-5</u>		PRIMARY REG. DIST. NO. <u>4245</u>		State File No. _____		Registrar's No. <u>70</u>			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oronogo</u>				c. LENGTH OF STAY (In this place) <u>80yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oronogo</u> <u>0490</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>405 Grant St.</u>				d. STREET ADDRESS (If rural, give location) <u>405 Grant Street</u> <u>0</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>			b. (Middle) <u>WESLEY</u>			c. (Last) <u>ALLEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 17, 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>March 1, 1869</u>		9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>2</u> 11. DAYS <u>16</u> 12. HOURS <u>16</u> 13. MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Millman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Zinc Mill</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Osawatomie Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Joe Allen</u>				13b. MOTHER'S MAIDEN NAME <u>East</u>			14. NAME OF HUSBAND OR WIFE <u>Ida Jane Allen</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>500-09-4658</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ida Jane Allen</u> ADDRESS <u>Oronogo, Mo.</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>Myocardial failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Chronic Myocarditis.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>							INTERVAL BETWEEN ONSET AND DEATH <u>7 Hr</u> <u>Yrs.</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4222</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>2/12</u> , 19 <u>52</u> , to <u>5/17</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5/17</u> , 19 <u>53</u> , and that death occurred at <u>5:10A m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>						23b. ADDRESS <u>Alba, Mo.</u>			23c. DATE SIGNED <u>5/19/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-20-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oronogo Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Oronogo, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>5-19-53</u>			REGISTRAR'S SIGNATURE <u>Madeline Switzer</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u> ADDRESS <u>Webb City, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

490
1

RECEIVED 5-25-53
Jasper County Health Office

County File Number 53-5-451

Date Filed 5-25-53

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.