

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22367

State File No.

FILED JUL 8 - 1953

BIRTH NO.		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>4396</u>		Registrar's No. <u>107</u>	
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wardell</u>		c. LENGTH OF STAY (In this place) <u>15 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wardell</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gen. Del.</u>				d. STREET ADDRESS <u>Gen. Del.</u>		<u>0780</u>	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Sherman</u>		b. (Middle) <u>Allen</u>		c. (Last) <u>Allen</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 19, 1894</u>	
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sherman Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Harris</u>		14. NAME OF HUSBAND OR WIFE <u>Lucille Allen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lucille Allen</u>		ADDRESS <u>Wardell, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4201</u>	
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 <u>Sept 1, 1948</u> to <u>July 1st, 1953</u> , that I last saw the deceased alive on <u>Sept 1, 1953</u> , and that death occurred at <u>1 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>D. H. Phastain</u>		(Degree or title) <u>MD.</u>		23b. ADDRESS <u>Wardell, Mo.</u>		23c. DATE SIGNED <u>7-2-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-5-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Saint Paul</u>		24d. LOCATION (City, town, or county) (State) <u>Wardell, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-3-53</u>		REGISTRAR'S SIGNATURE <u>John H. German</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jimmy Osburn</u>		ADDRESS <u>Funeral Home Wardell, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

7-221-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARROLLERSVILLE, MO.

JUL 7 1953 8961 82 700

JUL 14 1953

AUG 1 1953

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.....
Student Embalmer

Signed

James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.