

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22594

State File No.

Registrar's No. 378

FILED JUN 30 1953

BIRTH NO.		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 4451		Registrar's No. 378	
1. PLACE OF DEATH a. COUNTY Ripley				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Ripley			
b. CITY (If outside corporate limits, write RURAL and give township) Town Naylor				c. CITY (If outside corporate limits, write RURAL and give township) Naylor			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Codie		b. (Middle) A.		c. (Last) Allen	
4. DATE OF DEATH		a. (Month) June		b. (Day) 11		c. (Year) 1953	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 13 1885	
9. AGE (In years, last birthday) 68		10. MONTHS 2		11. DAYS 28		12. HOURS 1 MIN. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) Butler Co., Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Dickerson Allen				13b. MOTHER'S MAIDEN NAME Parelee Lee			
14. NAME OF HUSBAND OR WIFE Minnie Burnett Allen				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			
16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME Minnie Allen Naylor, 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) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Advancing Age 2. 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 4200			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21. ACCIDENT SUICIDE HOMICIDE (Specify) _____			
21a. 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 Feb 27, 1953 , to June 11, 1953 that I last saw the deceased alive on June 11, 1953 , and that death occurred at 9:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE J. L. Smith				23b. ADDRESS Box 328, Naylor, Mo.			
23c. DATE SIGNED 6/17/53				24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			
24b. DATE 6/14/53				24c. NAME OF CEMETERY OR CREMATORY Gumm			
24d. LOCATION (City, town, or county) (State) Ripley Co., Mo.				25. FUNERAL DIRECTOR'S SIGNATURE Gish Funeral Home			
DATE REC'D BY LOCAL REG. 6-22-53				REGISTRAR'S SIGNATURE G. Johnston			
277				ADDRESS Naylor, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Bryan Mac Cord
Licensed Embalmer No. *4079*

P. O. Address *May 1st, 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.