

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24061

State File No.

FILED JUL 27 1953

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 246

1. PLACE OF DEATH a. COUNTY <u>CALLOWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>	
b. CITY OR TOWN <u>FULTON MISSOURI</u>	c. LENGTH OF STAY (in this place) <u>1M-9da</u>	c. CITY OR TOWN <u>JEFFERSON CITY MO</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STATE HOSPITAL NO 1</u>		e. STREET ADDRESS (If rural, give location) <u>0204 017 20th st ca pitol</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMELINE</u>	b. (Middle)	c. (Last) <u>ALLEN</u>	4. DATE OF DEATH (Month) <u>JULY</u> (Day) <u>20</u> (Year) <u>1953</u>
--	-------------	------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>March-31-1879</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>19</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	---	---------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>house work</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Minnesota</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	---	---	--

13a. FATHER'S NAME <u>Ivory P. Hatcher</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza A. ?</u>	14. NAME OF HUSBAND OR WIFE <u>Not given H. B. Allen</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>165-14-1887</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u> ADDRESS <u>Fulton Mo</u>
--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>50 hrs</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>	DUE TO (b) <u>Cancer both breast.</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	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 <u>170X</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) (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 June-11-53, to July-20, 1953, that I last saw the deceased alive on July-20, 1953, and that death occurred at 10: A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas Fowler M.D.</u> (Degree or title)	23b. ADDRESS <u>Fulton Missouri</u>	23c. DATE SIGNED <u>7/20/53</u>
--	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 23, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>July 21-1953</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Palace Funeral Home Fulton Mo</u>	ADDRESS
--	---	---	---------

(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.....
Signature of Student Embalmer

Signed *Denzil C. Browning*.....

Licensed Embalmer No. *2728*.....

P. O. Address *Fulton, Pa.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.