

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32483

State File No. \_\_\_\_\_

FILED OCT 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>238</u>		PRIMARY REG. DIST. NO. <u>5821</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Matthews</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW MADRID</u> <u>0720</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles East.</u>				d. STREET ADDRESS (If rural, give location) <u>B. N. E. NEW MADRID.</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LURA</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Allen</u>	
4. DATE OF DEATH		(Month) <u>Oct</u>		(Day) <u>5</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>Married</u>		8. DATE OF BIRTH <u>Dec. 1, 1888</u>	
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson Co. Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Pryor</u>		13b. MOTHER'S MAIDEN NAME <u>Sirelda Jane Payne</u>		14. NAME OF HUSBAND OR WIFE <u>Charles 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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A. W. Odom</u> ADDRESS <u>Matthews, 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>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>years</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		21. (CITY, TOWN, OR TOWNSHIP) <u>331X</u> (COUNTY) _____ (STATE) _____		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) _____		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 _____, 19 <u>51</u> , to _____, 19 <u>53</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles Allen</u> (Degree or title) <u>Dr.</u>		23b. ADDRESS <u>New Madrid, Mo.</u>		23c. DATE SIGNED <u>Oct 5</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 9 - 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EVERGREEN</u>		24d. LOCATION (City, town, or county) (State) <u>NEW MADRID, MO</u>	
DATE REC'D BY LOCAL REG. <u>10-12-53</u>		REGISTRAR'S SIGNATURE <u>Helene Louise Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed H. Hargrath</u> ADDRESS <u>New Madrid, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 9 1956

DEC 7 1956

# 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

*Leo H. Hedyuth*

Licensed Embalmer No. *3803*

P. O. Address *New Madrid - 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.