

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35525

State File No.
Registrar's No. 34

BIRTH NO. REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 4187

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union</u>	
c. LENGTH OF STAY (in this place) <u>10yr</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lillie</u>	b. (Middle) <u>F</u>	c. (Last) <u>Allen</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 10, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov 24, 1862</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>1d</u>	IF UNDER 24 Hrs. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Stanley Allen</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Reynolds</u>	14. NAME OF HUSBAND OR WIFE <u>George Allen Dec'd</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Flora Meyer</u>	ADDRESS <u>Union, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Cardiovascular Disease</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 type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8-14, 1943, to Nov 10, 1953, that I last saw the deceased alive on 11-10, 1953, and that death occurred at 7:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>B.H. Stuckman</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Union, Mo.</u>	23c. DATE SIGNED <u>11-12-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-13, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Villa Ridge, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 13-1953</u>	REGISTRAR'S SIGNATURE <u>B.H. Stuckman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Union Funeral Home</u>	ADDRESS <u>Union, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48
61
1

FILED NOV 13 1953

NOV 30 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 *Harlan H. Johannsen*

Licensed Embalmer No. *4488*

P. O. Address *Union, Miss*

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.