

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

38044

State File No.

FILED NOV 13 1953

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4577 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Branson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Taneyville</u>	
c. LENGTH OF STAY (in this place) <u>1 wk</u>		d. STREET ADDRESS (If rural, give location) <u>Taneyville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Skaggs Hosp</u>			

3. NAME OF DECEASED (First) (Middle) (Last) <u>JAN. E. ALLEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 28 1953</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 10, 1882</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>10</u>	IF UNDER 1 MIN. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Painter</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>War E. Allen</u>	13b. MOTHER'S MAIDEN NAME <u>Ambrisen</u>	14. NAME OF HUSBAND OR WIFE <u>Mollie N. Allen</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give year or date of service) <u>561-01-4788-A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mollie N. Allen</u>		ADDRESS <u>Taneyville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>5 1/2</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis Hypertension</u>		
	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"/>
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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) <u>331 X</u>
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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?
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22. I hereby certify that I attended the deceased from Oct 20th 1953, to Oct 28th 1953, that I last saw the deceased alive on Oct 26th 1953, and that death occurred at 10:22 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph H. ...</u>	23b. ADDRESS <u>...</u>	23c. DATE SIGNED <u>11/10/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10/31/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Memorial Park, Branson, Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Branson, Mo</u>
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DATE REC'D BY LOCAL REG. <u>11/12/53</u>	REGISTRAR'S SIGNATURE <u>E. Copwell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph H. ...</u>	ADDRESS <u>...</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 18 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Walter S. Calhoun

Licensed Embalmer No. 4731

P. O. Address Forsyth, N.C.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.