

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **200**

FILED JAN 18 1954

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 58 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1311 Grand Avenue				d. STREET ADDRESS (If rural, give location) 1311 Grand Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Homer		b. (Middle) --		c. (Last) Allen		4. DATE OF DEATH (Month) (Day) (Year) January 5th 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH February 25-1872	
9. AGE (In years last birthday) 81		10. IF UNDER 1 YEAR Months Days		10. IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill-Wright-Retired*				10b. KIND OF BUSINESS OR INDUSTRY Swift & Company		11. BIRTHPLACE (State or foreign country) Winthrop, Missouri.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.							
13a. FATHER'S NAME Silas Allen		13b. MOTHER'S MAIDEN NAME Libel		14. NAME OF HUSBAND OR WIFE Mrs. Ada Allen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ada Allen, 1311 Grand Ave, City.			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertensive arteriosclerotic Cardiovascular disease. DUE TO (b) Cerebral accident DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 22 yrs 11 yrs.				INTERVAL BETWEEN ONSET AND DEATH 30 min	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 Jan 5, 1954 to Jan 5, 1954 , that I last saw the deceased alive on Dec 30, 1953 and that death occurred at 8:30 pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ed Grant M.D.		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 1.8.54			
24a. BURIAL, CREMATION, REMOVAL (Specify) (Burial)		24b. DATE Jan. 7, 1954		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.	
DATE REC'D BY LOCAL REG. Jan 13, 1954		REGISTRAR'S SIGNATURE Bethen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meierhoffen Funeral Home St. Joseph, 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. 2

working under my personal supervision.

Student Student Embalmer

Signed

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Missouri.

* **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.