

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1137

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 28

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|--|---------------------------|--|----------------------------------|
| 1. PLACE OF DEATH a. COUNTY HOWELL | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOWELL | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS, | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION X HOME X | | d. STREET ADDRESS (If rural, give location) ST. LOUIS STR., | |
| 3. NAME OF DECEASED (Type or Print) EDWARD ALLEN | | 4. DATE OF DEATH (Month) (Day) (Year) 1-7-54 | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) W | 8. DATE OF BIRTH 12-27-89 |
| 9. AGE (In years last birthday) 64 | | 10. CITIZEN OF WHAT COUNTRY? U S A | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER | | 10b. KIND OF BUSINESS OR INDUSTRY X X | |
| 11. BIRTHPLACE (State or foreign country) OZARK COUNTY, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U S A | |
| 13a. FATHER'S NAME T. F. ALLEN | | 13b. MOTHER'S MAIDEN NAME MARY BALDWIN | |
| 14. NAME OF HUSBAND OR WIFE X | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X | |
| 16. SOCIAL SECURITY NO. X | | 17. INFORMANT'S SIGNATURE OR NAME ARTHUR ALLEN, WEST PLAINS, MO | |
| 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) Chronic Myocarditis ANTECEDENT CAUSES Morbid 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. INTERVAL BETWEEN ONSET AND DEATH | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4222 | |
| 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. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21e. HOW DID INJURY OCCUR? | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from Jan. 7, 1954 to Jan. 7, 1954 , that I last saw the deceased alive on Jan. 7, 1954 , and that death occurred at 5:30 PM from the causes and on the date stated above. | | 23. SIGNATURE (Degree or title) D. Richard A. Smith D.O. | |
| 23b. ADDRESS West Plains, Mo. | | 23c. DATE SIGNED 1-30-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) B | | 24b. DATE 1-9-54 | |
| 24c. NAME OF CEMETERY OR CREMATORY OAK LAWN | | 24d. LOCATION (City, town, or county) (State) WEST PLAINS, MO | |
| DATE REC'D BY LOCAL REG. 2-12-54 | | REGISTRAR'S SIGNATURE Beatrice Cook | |
| 5. FUNERAL DIRECTOR'S SIGNATURE ROBERTSONS, WEST PLAINS, MO | | 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
Student Embalmer

Signed _____

Licensed Embalmer No. 343

P. O. Address _____

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.