

DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **1860**

FILED JAN 21 1954

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>5630</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>			
b. CITY OR TOWN <u>Lebanon Rural</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Lebanon Rural</u>		d. STREET ADDRESS (If rural, give location) <u>0530</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Lebanon Brownfield Rte.</u>				d. STREET ADDRESS (If rural, give location) <u>Brownfield Route</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Arthur Benjamin</u>		b. (Middle) <u>Allen</u>		c. (Last) _____	
4. DATE OF DEATH		(Month) <u>Jan.</u>		(Day) <u>7</u>		(Year) <u>1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH	9. AGE (If yearly last birthday) <u>73</u>	10. MONTHS <u>7</u>	11. DAYS <u>29</u>	12. HOURS <u>7</u> MIN. <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Preston Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Robert Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hobbs</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Elizabeth</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clifford Allen</u> ADDRESS <u>Lebanon 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES <u>Chronic nephritis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>12-12-1953</u> , to <u>1-3, 1954</u> , that I last saw the deceased alive on <u>1-3, 1954</u> , and that death occurred at <u>4:25 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. R. R. Knausa</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>1/10/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/10/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cross Roads Cemetery</u>		24d. LOCATION (City, town, or county) <u>Laclede Co. Mo.</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>1-12-1954</u>		REGISTRAR'S SIGNATURE <u>Hella L. Hay</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Holman</u>		ADDRESS <u>Lebanon Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 16 1954
Eschscholtz County Health Unit
File No. 1-54-9
Date Filed JAN 19 1954

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.