

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5353

State File No. ....

FILED MAR 8 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 11

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lincoln</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Bedford Twp)</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Bedford Twp)</u>                                      |  |
| c. LENGTH OF STAY (in this place) <u>3 Days</u>   |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln Co. Mem. Hospital</u>                                |  | d. STREET ADDRESS (If rural, give location) <u>Farm Residence.</u>   |  |

|                                     |                        |                           |                        |  |
|-------------------------------------|------------------------|---------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>John</u> | b. (Middle) <u>Burton</u> | c. (Last) <u>Allen</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27, 1954</u> |
|-------------------------------------|------------------------|---------------------------|------------------------|--|

|                    |                               |   |                                       |   |                        |                        |                       |
|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|------------------------|-----------------------|
| 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>June 23, 1885</u> | 9. AGE (In years last birthday) <u>68</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 15 MIN. Min. |
|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|------------------------|-----------------------|

|   |   |   |   |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>Hawk Point, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|---|---|---|---|

|                                      |  |  |
|--------------------------------------|--|--|
| 13a. FATHER'S NAME <u>John Allen</u> | 13b. MOTHER'S MAIDEN NAME <u>Hannah Bush</u> | 14. NAME OF HUSBAND OR WIFE <u>Bessie Kelley Allen</u> |
|--------------------------------------|--|--|

|  |                                     |   |         |
|--|-------------------------------------|---|---------|
| 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>John Allen, Troy, Missouri (Son)</u> | ADDRESS |
|--|-------------------------------------|---|---------|

|   |  |  |  |
|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 weeks</u><br><u>2 years</u><br><u>3 "</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic poisoning.</u>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Congenital heart disease</u><br>DUE TO (c) <u>Hypertrophy of prostate</u> |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |  |

|                        |  |   |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>610X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m. | 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 1, 1954 to Feb. 27, 1954, that I last saw the deceased alive on Feb. 27, 1954 and that death occurred at 8:20P m., from the causes and on the date stated above.

|                                    |                               |                               |                                |
|------------------------------------|-------------------------------|-------------------------------|--------------------------------|
| 23a. SIGNATURE <u>H. F. Kelley</u> | (Degree or title) <u>D.O.</u> | 23b. ADDRESS <u>Troy, Mo.</u> | 23c. DATE SIGNED <u>3-1-54</u> |
|------------------------------------|-------------------------------|-------------------------------|--------------------------------|

|   |                         |   |   |
|---|-------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3/2/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Troy, Missouri</u> |
|---|-------------------------|---|---|

|   |  |   |                               |
|---|--|---|-------------------------------|
| DATE REC'D BY LOCAL REG. <u>Feb. 6th 1954</u> | REGISTRAR'S SIGNATURE <u>Emmanuel Riddle</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Kemper Funeral Home</u> | ADDRESS <u>Troy, Missouri</u> |
|---|--|---|-------------------------------|

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, X by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Joseph J. Marsh*

Licensed Embalmer No. 3932

P. O. Address. Troy, 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.