

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

State File No. **9390**

BIRTH FILED **APR 14 1954** REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **101**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY OR TOWN <b>Hannibal</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Philadelphia</b> <b>0640</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Elizabeth</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Benjamin</b> b. (Middle) <b>Mason</b> c. (Last) <b>Allen</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 5 1954</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>Wh.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 16, 1876</b>	9. AGE (In years last birthday) <b>78</b>	10. MONTHS <b>2</b> 11. DAYS <b>19</b> 12. IF UNDER 1 YEAR Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Undertaker</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Marion Co. Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Erasmus Allen</b>		13b. MOTHER'S MAIDEN NAME <b>Elvira Gupton</b>	
14. NAME OF HUSBAND OR WIFE <b>Eudora Mae Allen</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Clubey H. Allen</b>		ADDRESS <b>Canton, Mo.</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia acute</b>		ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>myocardial failure</b>				
		DUE TO (c) <b>chronic nephritis</b>				
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 <b>592 X</b>				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) 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 **3/11**, 19**54**, to **4/4**, 19**54**, that I last saw the deceased alive on **4/3/54**, 19**54**, and that death occurred at **1:00 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edmond Strong MD</b>		23b. ADDRESS <b>115 N 5th St Hannibal Mo</b>		23c. DATE SIGNED <b>4/9/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Apr. 11 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Philadelphia</b>	
		24d. LOCATION (City, town, or county) (State) <b>Philadelphia, Mo.</b>			

DATE REC'D BY LOCAL REG. <b>4/10/54</b>		REGISTRAR'S SIGNATURE <b>Dr. E. M. Leudely, W. Fisher</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gene S. Heaster</b> ADDRESS <b>Philadelphia, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

RECEIVED APR 12 1954  
MARION CO. HEALTH DEPT.  
DATE FILED APR 12 1954

APR 23 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Harold Garner

Licensed Embalmer No. 3720

P. O. Address Monroe City

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.