

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12718

State File No. ....

FILED APR 22 1954

BIRTH NO. ....		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>432</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Mercer</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton</u>		c. LENGTH OF STAY (If in this place) <u>1</u> day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton, Mo</u>		<u>0650</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lambert Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u>		b. (Middle) <u>H.</u>		c. (Last) <u>Allen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-18-54</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>8-10-1876</u>	
9. AGE (In years last birthday) <u>77</u>		10. UNDER 1 YEAR Months <u>11</u> Days <u>11</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Princeton, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during year or last year if retired) <u>lumberman</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Princeton, Mo</u>			
13a. FATHER'S NAME <u>Henry F. Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Lavona Bird</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl C. Allen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>495-07-0752</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Pearl Allen Princeton, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbidity 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. <u>Arteriosclerotic Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>				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) (Minute) 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 <u>April 11, 1954</u> , to <u>April 18, 1954</u> , that I last saw the deceased alive on <u>April 18, 1954</u> , and that death occurred at <u>2:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Daniel Lambert M.D.</u>		23b. ADDRESS <u>Princeton, Mo.</u>		23c. DATE SIGNED <u>4/18/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-19-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Princeton</u>		24d. LOCATION (City, town, or county) (State) <u>Mercer Co., Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-21-54</u>		REGISTRAR'S SIGNATURE <u>Noel Moss</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Noel Moss Princeton, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 23 1957

### 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 me

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Hee Mary

Licensed Embalmer No. 2634

P. O. Address Quinton M

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.