

FILED MAY 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16332

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 208

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. LENGTH OF STAY (In this place) 1 MONTH	
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL	
		d. STREET ADDRESS (If rural, give location) RT # 2 JASPER	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) JACK c. (Last) ALLEN			4. DATE OF DEATH (Month) (Day) (Year) MAY 4 1954				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 23, 1902	9. AGE (In years last birthday) 51	10. IF UNDER 1 YEAR Days 10	11. IF UNDER 1 HR. Hours 11	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONSTRUCTION SUPT.		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JAMES ALLEN		13b. MOTHER'S MAIDEN NAME FLODA FRANKLIN		14. NAME OF HUSBAND OR WIFE NULA ALLEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 128-12-5873		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. NILA ALLEN RT # 2 JASPER, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia at least 6 wks. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic glomerulonephritis years 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
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 592X			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)		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 4-2, 1954, to 5-4, 1954, that I last saw the deceased alive on 5-4, 1954, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lawrence B. Jackson, M.D.		23b. ADDRESS 410 Jackson, Joplin, Missouri		23c. DATE SIGNED 5-7-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 7, 1954		24c. NAME OF CEMETERY OR CREMATORY PURCELL CEMETERY	
				24d. LOCATION (City, town, or county) (State) PURCELL, MISSOURI	

DATE REC'D BY LOCAL REG. 5-10-54		REGISTRAR'S SIGNATURE by David Sampson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE LEWIS FUNERAL HOME WEBB CITY, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MARRIAGE PERMANENT RECORD

APR 21 1955

RECEIVED MAY 24 1954
Jasper County Health Office
County File Number: 54-5-407
Date Filed: MAY 24 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 *James J. ...*

Licensed Embalmer No. 4561

P. O. Address Webb City, 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.