

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19424

State File No.

BIRTH NO.		REG. DIST. NO. 159		PRIMARY REG. DIST. NO. 4249		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) Hillsboro		c. LENGTH OF STAY (in this place) 2 YRS		c. CITY OR TOWN De Soto		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cedar Grove Conv. Home				e. STREET ADDRESS (If rural, give location) Rural Route 2			
3. NAME OF DECEASED (Type or Print) a. (First) Arthur		b. (Middle) Elbert		c. (Last) Allen		4. DATE OF DEATH (Month) (Day) (Year) 6-20-54	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH (Month) (Day) (Year) Nov. 27-1871	
9. AGE (In years last birthday) 82		10. IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Barton Co., Okla.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Catman - Ret.		10b. KIND OF BUSINESS OR INDUSTRY Ry. Car Shops		13a. FATHER'S NAME Albert D Allen		13b. MOTHER'S MAIDEN NAME Mary Jane Worthen	
13c. NAME OF HUSBAND OR WIFE Cora Culp Allen		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		15. SOCIAL SECURITY NO. 702-16-9836		16. INFORMANT'S SIGNATURE OR NAME John Wilburn - De Soto, Mo.	
17. ADDRESS 331 X		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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility		19. INTERVAL BETWEEN ONSET AND DEATH 2 weeks years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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 6-19 , 19 54 , to 6-19 , 19 54 , that I last saw the deceased alive on 6-19 , 19 54 , and that death occurred at 7:32 a m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Harold E. Donnell		23b. ADDRESS De Soto, Missouri		23c. DATE SIGNED 6-21-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-23-54		24c. NAME OF CEMETERY OR CREMATORY City			
24d. LOCATION (City, town, or county) (State) De Soto, Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE Lee Mothershead		24f. ADDRESS De Soto, Mo.			
DATE REC'D BY LOCAL REG. 6-23-54		REGISTRAR'S SIGNATURE Kathleen J. Mardene		5. FUNERAL DIRECTOR'S SIGNATURE Lee Mothershead			

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 30 1954
~~JUN 30 1954~~

JUL 21 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.....
Signature of Student Embalmer

Signed *Andrew H. England*

Licensed Embalmer No. *47*

P. O. Address *Desoto*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.