

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

FILED AUG 4 - 1954

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945 Registrar's No. 33

1. PLACE OF DEATH
 a. COUNTY Phelps
 b. CITY (If outside corporate limits, write RURAL and give town) Rural - N. Wilson
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION Ferndale Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Mo. b. COUNTY Stoddard
 c. CITY OR TOWN Bernie, Mo
 d. Is residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) 103

3. NAME OF DECEASED
 a. (First) Mac b. (Middle) C. c. (Last) Allen
 4. DATE OF DEATH (Month) (Day) (Year) July 23, 1954

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
 8. DATE OF BIRTH Feb. 14, 1885 9. AGE (In years last birthday) 69 5 5 8 8 1 YEAR IF UNDER 18 HRS. Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
 10b. KIND OF BUSINESS OR INDUSTRY _____
 11. BIRTHPLACE (City and State or Foreign Country) Advance, Mo.
 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____
 16. SOCIAL SECURITY NO. _____
 17. INFORMANT'S SIGNATURE OR NAME Ferndale Nursing Home Office - St James, Mo. ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diarrhoea
 ANTECEDENT CAUSES (b) Heat exhaustion DUE TO (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.
 II. OTHER SIGNIFICANT CONDITIONS (Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.)
mentally confused
 INTERVAL BETWEEN ONSET AND DEATH 6 days
Unknown

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION E9319
46
 20. AUTOPSY? YES NO

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) 081

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 6-10/1954 to 7-23/1954, that I last saw the deceased alive on 7-22/1954, and that death occurred at 2:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE C.V. Hammler, M.D. (Degree or title) 23b. ADDRESS St. James, Mo 23c. DATE SIGNED 7-24/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE July 25, 1954 24c. NAME OF CEMETERY OR CREMATORY Bernie Cemetery 24d. LOCATION (City, town, or county) (State) Bernie, Mo.

DATE REC'D BY LOCAL REG. 7-25-54 REGISTRAR'S SIGNATURE Ruth B. Powell 479 25. FUNERAL DIRECTOR'S SIGNATURE Orval E. Diebler ADDRESS St James Mo

County File Number _____
Date Filed 8-2-54

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.....
Signature of Student Embalmer

Signed Oral E. Licklider.....

Licensed Embalmer No. 354.....

P. O. Address St. James.....

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.