

FILED JUL 23 1954

STANDARD CERTIFICATE OF DEATH

State File No. 23550

BIRTH NO.		REG. DIST. NO. 328		PRIMARY REG. DIST. NO. 3073		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY SCOTT			
b. CITY (If outside corporate limits, write RURAL and give town) CHAFFEE		c. LENGTH OF STAY (in this place) 35 yrs		c. CITY (If outside corporate limits, write RURAL and give township) CHAFFEE		10010	
d. FULL NAME OF HOSPITAL OR INSTITUTION 123 GRAY AVE				d. STREET ADDRESS (If rural, give location) 123 GRAY AVE.			
3. NAME OF DECEASED (Type or Print) DOSHA		a. (First)		b. (Middle)		c. (Last) ALLEN	
4. DATE OF DEATH		(Month) 7		(Day) 16		(Year) 54	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH 2-22-1885		9. AGE (In years last birthday) 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWOMAN		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) PEERYVILLE MO		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME NO RECORD-LAYTON		13b. MOTHER'S MAIDEN NAME NO RECORD		14. NAME OF HUSBAND OR WIFE JOHN W. ALLEN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) E		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Allen Chaffee Miss			
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) medullary failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Lung Metastasis DUE TO (c) Severe malnutrition II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 12 hrs 2 yrs. 6 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Chaffee Scott Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? none			
22. I hereby certify that I attended the deceased from 12/21, 1952, to 7/15, 1954, that I last saw the deceased alive on 7/15, 1954, and that death occurred at 7:15 P.m., from the causes and on the date stated above.							
23a. SIGNATURE H. A. Hehmyer 2 (Degree or title) D.O.				23b. ADDRESS Chaffee, Missouri		23c. DATE SIGNED 7/19/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE 7-19-1954		24c. NAME OF CEMETERY OR CREMATOR NEW LORMIER		24d. LOCATION (City, town, or county) (State) CAPE GIRARDEAU MO	
DATE REC'D BY LOCAL REG. 7-20-54		REGISTRAR'S SIGNATURE M. B. Springer		25. FUNERAL DIRECTOR'S SIGNATURE M. Stubb		ADDRESS Chaffee Miss	

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED JUL 19 1954
SCOTT CO. HEALTH DEPT.
CO. FILE No. 754-144

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

C. J. Loberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.