

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32878

|   |  |  |  |   |  |   |  |
|---|--|--|--|---|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 378   |  | PRIMARY REG. DIST. NO. 4553   |  | Registrar's No. 48  |  |
| 1. PLACE OF DEATH<br>a. COUNTY Wright   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Mo. b. COUNTY Wright |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mtn. Grove, Mo.  |  |  |  | c. CITY OR TOWN Mtn. Grove, Mo.   |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| c. LENGTH OF STAY (In this place) 8 yrs.  |  |  |  | e. STREET ADDRESS (If rural, give location) 1140 South St.  |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION South St.   |  |  |  |   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) Andrew b. (Middle) Jefferson c. (Last) Allen  |  |  |  | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 6, 1954   |  |   |  |
| 5. SEX Male   |  | 6. COLOR OR RACE White   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed  |  | 8. DATE OF BIRTH Feb. 6, 1880   |  |
| 9. AGE (In years last birthday) 74  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer  |  | 11. BIRTHPLACE (City and State or Foreign Country) Hartville, Mo.   |  | 12. CITIZEN OF WHAT COUNTRY? USA  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer  |  | 10b. KIND OF BUSINESS OR INDUSTRY Farming  |  | 11. BIRTHPLACE (City and State or Foreign Country) Hartville, Mo.   |  | 12. CITIZEN OF WHAT COUNTRY? USA  |  |
| 13a. FATHER'S NAME Samuel Allen   |  | 13b. MOTHER'S MAIDEN NAME Sarah Ussery   |  | 14. NAME OF HUSBAND OR WIFE Millie Lewis Allen  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No  |  | 16. SOCIAL SECURITY NO. XXX  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nora Allen, Mtn. Grove, Mo.   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency<br>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, Hypertension<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH Not known  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION 4201  |  |   |  | 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) 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 Aug 20, 1954, to Sept 6, 1954, that I last saw the deceased alive on Sept 3, 1954, and that death occurred at 10:45 p. m., from the causes and on the date stated above. |  |  |  |   |  |   |  |
| 23a. SIGNATURE (Degree or title) J. L. Connor M.D.  |  |  |  | 23b. ADDRESS Mountain Grove, Mo.  |  | 23c. DATE SIGNED 9-20-54  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  |  | 24b. DATE 9/9/54   |  | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery   |  | 24d. LOCATION (City, town, or county) (State) Norwood, Mo.  |  |
| DATE REC'D BY LOCAL REG. 9-22-54  |  | REGISTRAR'S SIGNATURE A. B. Ames 348 - J   |  | 25. FUNERAL DIRECTOR'S SIGNATURE R. W. Barber   |  | ADDRESS Mtn. Grove, Mo.   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number **1054-103**  
Date Filed **10-2-54**

### 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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *R. V. Barber*

Licensed Embalmer No. **386**

P. O. Address *W. H. 14*

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.