

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34428

State File No.

FILED OCT 18 1954

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give town) Lebanon		c. LENGTH OF STAY (in this place) 1 Day	d. Is Residence within limits of city or incorporated town? Yes ☐ No ☒
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Hospital		STREET ADDRESS (If rural, give location) 4 Miles on County B-B	
3. NAME OF DECEASED (Type or Print) a. (First) Elma	b. (Middle) Doris	c. (Last) Allen	4. DATE OF DEATH (Month) (Day) (Year) Oct. 2, 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 13, 1927
9. AGE (In years last birthday) 27		IF UNDER 1 YEAR Months Days Hours Mins.	10. AGE (In years last birthday) 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) Mobile X-Ray Unit		10b. KIND OF BUSINESS OR INDUSTRY Medical	11. BIRTHPLACE (City and State or Foreign Country) Bunker, Mo.
13a. FATHER'S NAME Edwin Jackson		13b. MOTHER'S MAIDEN NAME Alice Clark	14. NAME OF HUSBAND OR WIFE Gerald Allen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Gerald Allen, Wheatland, Mo.
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) Pulmonary embarrasment ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple rib fractures DUE TO (c) Pulmonary tuberculosis arrested II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ② Thoracoplasty, left ③ Pneumoperitoneum	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Camden, Co.	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) Lebanon, Mo. 05th Laclede (STATE) Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 1, 1954 6 P.m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Auto wreck	
22. I hereby certify that I attended the deceased from 10/1/54 , 19 54 , to 10/2/54 , 19 54 , that I last saw the deceased alive on 10/2/54 , 19 54 , and that death occurred at 1:00 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Signature or title) R. Froelich M.D.		23b. ADDRESS Lebanon, Mo.	23c. DATE SIGNED 10/2/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-2-54	24c. NAME OF CEMETERY OR CREMATORY Sumner Cemetery	24d. LOCATION (City, town, or county) (State) Hickory County Mo.
DATE REC'D BY LOCAL REG. 10-2-1954	REGISTRAR'S SIGNATURE Hella L. May	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS J. B. Palmer Lebanon	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 2 1954

OCT 8 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 *J R Palmer*

Licensed Embalmer No. *48*

P. O. Address *Lebanon*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.