

FILED DEC 30 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41889**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5902** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Hayti</b>	c. LENGTH OF STAY (in this place) <b>5 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Hayti, Mo.</b> <b>0780</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wesley Farm Hayti, Mo</b>		d. STREET ADDRESS (If rural, give location) <b>Wesley Farm, Hayti, Mo</b>	

3. NAME OF DECEASED (Type or Print) <b>Anna</b>	b. (First) <b>Anna</b>	b. (Middle) <b>M.</b>	c. (Last) <b>Allen</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 10 54</b>
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>2 Jan 1896</b>	9. AGE (In years last birthday) (If under 1 year, Months) (If under 12 mos., Days) (If under 24 hrs., Hours) (Min.) <b>58 7 11 8 0 0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Homemaking</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Lexington, Mississippi</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Adeline Nals</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>P. O. Wesley, Hayti, Mo.</b>	
15a. FATHER'S NAME		15b. MOTHER'S MAIDEN NAME		15c. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <b>Chronic glomerulo-nephritis</b>		
DUE TO (b)		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <b>592X</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **2 Jan, 1954**, to **10 Dec, 1954**, that I last saw the deceased alive on **10 Dec, 1954**, and that death occurred at **6p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. J. Furlock MA</b>	23b. ADDRESS <b>Camthessville, Mo</b>	23c. DATE SIGNED <b>13 Dec 1954</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>19 Dec 54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Concord Cemtery</b>
24d. LOCATION (City, town, or county) (State) <b>Concord, Missouri</b>		

DATE REC'D BY LOCAL REG <b>12-15-54</b>	REGISTRAR'S SIGNATURE <b>John W. Gorman</b>	426-	25. FUNERAL DIRECTOR'S SIGNATURE <b>P. B. Dodson</b>	ADDRESS <b>Concord, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

80  
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12-302-54

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

DEC 27 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 .....  
Student Embalmer

Signed P. B. Orwood

Licensed Embalmer No. 4839

P. O. Address C'ville, 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.