

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 12 1955

BIRTH NO. _____		REG. DIST. NO. <u>342</u>		PRIMARY REG. DIST. NO. <u>4507</u>		Registrar's No. <u>7</u>		
1. PLACE OF DEATH a. COUNTY <u>Stone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cran</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cran</u> <u>1040</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>8</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leonard</u> b. (Middle) <u>L</u> c. (Last) <u>Allen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec</u> <u>18</u> <u>1934</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept 1 - 1894</u>		
9. AGE (In years last birthday) <u>60</u>		10. MONTHS <u>3</u>		11. DAYS <u>17</u>		IF UNDER 1 YEAR IF UNDER 1 MONTH IF UNDER 1 DAY		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>								
13a. FATHER'S NAME <u>Joshua Allen</u>			13b. MOTHER'S MAIDEN NAME <u>Mabel Paine</u>			14. NAME OF HUSBAND OR WIFE <u>Virgie Allen</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Virgie Allen</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 yrs.</u>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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) <u>Stone</u> <u>Missouri</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>11</u> <u>11</u> <u>1934</u>			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 <u>Aug</u> <u>1934</u> , to <u>Dec 18</u> <u>1934</u> , that I last saw the deceased alive on <u>Dec 16</u> <u>1934</u> , and that death occurred at <u>8 A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>John J. Murray M.D.</u> (Degree or title)				23b. ADDRESS <u>Gallatin Mo</u>		23c. DATE SIGNED <u>22 Dec 1934</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-1-1935</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>Cran</u> <u>Mo</u>		
DATE REC'D BY LOCAL REG. <u>Dec 22 - 54</u>		REGISTRAR'S SIGNATURE <u>Wm. J. Elmer Branson</u>		317-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>George W. Mankin</u>		
						ADDRESS <u>Cran Mo</u>		

Per Lena Murray

(Licensed Embalmer's Statement on Reverse Side)

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

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, on

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Licensed Embalmer No. 3821

P. O. Address Crem. Co.

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.