

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6916

State File No. ....

FILED MAR 15 1955  
BIRTH NO. 12136-55 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <b>SALINE</b> 0972			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>SALINE</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MARSHALL</b>		c. LENGTH OF STAY (In this place) <b>6 HOURS</b>	c. CITY OR TOWN <b>MARSHALL</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>FITSGIBBONS HOSPITAL</b>			e. STREET ADDRESS (If rural, give location) <b>FITSGIBBONS HOSPITAL 0972</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>STEVEN</b> b. (Middle) <b>RAY</b> c. (Last) <b>ALLEN</b>			4. DATE OF DEATH <b>MARCH 6, 1955</b> (Month) (Day) (Year)		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>INFANT</b>	8. DATE OF BIRTH <b>MARCH 6, 1955</b>	9. AGE (In years last birthday) <b>5</b> 1/2	10. MONTHS <b>40</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MARSHALL, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>PAUL JAMES ALLEN</b>		13b. MOTHER'S MAIDEN NAME <b>HAZEL ADELL STEINKUHLER</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <b>P.J. Allen, Sweet Springs, Mo.</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>atelectasis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>birth to</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <b>prematurity</b>				
	DUE TO (c) <b>fracture left femur</b>				
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 <b>7625 F</b>				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)	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 <b>3-6, 1955</b> to <b>3-6, 1955</b> , that I last saw the deceased alive on <b>3-6-55</b> , and that death occurred at <b>4:58 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Ralph H. Jones M.D.</b> (Degree or title)			23b. ADDRESS <b>Marshall, Mo.</b>		23c. DATE SIGNED <b>3-7-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>MARCH 7, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FAIRVIEW CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>SWEET SPRINGS MO.</b>		
DATE REC'D BY LOCAL REG. <b>Mar 10-55</b>	REGISTRAR'S SIGNATURE <b>Cecil J. Reed</b>	385-0	25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <b>L. T. Parker - Sweet Springs, Mo.</b>		

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

*Kidney Perry*

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 not embalmed Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed L. F. Parker

Licensed Embalmer No. 384

P. O. Address Sweet Springs

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.