THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 6 1955

State File No. 7186

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 554 Registrar's No. 0053

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-White River
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10 miles north of Berryville, Ark.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Barry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - White River
d. STREET ADDRESS (If rural, give location): 10 miles north of Berryville, Ark.

3. NAME OF DECEASED (Type or Print): a. (First) ZILPHIA b. (Middle) ANN c. (Last) ALLEN

4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 19 April 1870

9. AGE (In years last birthday): 84 If under 1 year: Months 10 Days 19 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles Green

13b. MOTHER'S MAIDEN NAME: Don't Know

14. NAME OF HUSBAND OR WIFE: Andrew Jackson Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Mrs Minnie Marshall - Rt 1, Berryville Ark

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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.

INTERVAL BETWEEN ONSET AND DEATH: Did not See Her

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on March 19 55 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): L. L. Carter M.D.

23b. ADDRESS: Berryville Ark.

23c. DATE SIGNED: 3-12-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-13-55

24c. NAME OF CEMETERY OR CREMATORY: Mc Kinnie Cemetery

24d. LOCATION (City, town, or county) (State): Barry County, Mo.

DATE REC'D BY LOCAL REG.: 4-6-55

REGISTRAR'S SIGNATURE: Clyde L. Bridges

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Charles M. Nelson - Berryville, Ark.

(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, ~~only~~ .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Charles W. Nelson

Licensed Embalmer No. 815 Ark.

P. O. Address Berryville, Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.