

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12505**

FILED APR 18 1955

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BIRTH NO.		REG. DIST. NO. <b>175</b>		PRIMARY REG. DIST. NO. <b>2277</b>		Registrar's No. <b>28</b>	
1. PLACE OF DEATH a. COUNTY <b>Lawrence</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Verona</b> c. LENGTH OF STAY (in this place) <b>3 da.</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Henderhot Rest Home</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b> c. CITY OR TOWN <b>Miller</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edgar</b> b. (Middle) <b>(Shorty)</b> c. (Last) <b>Allen</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-4-1955</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>		8. DATE OF BIRTH <b>6-2-1880</b>	
9. AGE (In years last birthday) <b>74</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Common labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>L</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kentucky</b>	
12. CITIZEN OF WHAT COUNTRY? <b>L</b>		13a. FATHER'S NAME <b>Jim Allen</b>		13b. MOTHER'S MAIDEN NAME <b>May Cherry</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>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Jack Allen</b> ADDRESS <b>Miller Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure.</u></b> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis with</b> DUE TO (c) <b>Myocardial Infarction Arteriosclerosis.</b> <b>II. OTHER SIGNIFICANT CONDITIONS</b> 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>None</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) (m.)		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>April 4, 1955</b> , to <b>April 4, 1955</b> , that I last saw the deceased alive on <b>April 4, 1955</b> , and that death occurred at <b>11 A. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>F. Avery Watson D.O.</b> (Degree or title)				23b. ADDRESS <b>Verona Mo.</b>		23c. DATE SIGNED <b>4-5-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>4-7-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Seymore</b>		24d. LOCATION (City, town, or county) (State) <b>N.E. of Miller Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-9-1955</b>		REGISTRAR'S SIGNATURE <b>Ora Mc-Natt</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>O. Morris</b> ADDRESS <b>Lemon Miller, Mo.</b>			

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, ~~or by~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*E. R. Lemmon*

Licensed Embalmer No. 329

P. O. Address *Mullen*

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.