

FILED JUN 1 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17546**

BIRTH NO. _____		REG. DIST. NO. <b>366</b>		PRIMARY REG. DIST. NO. <b>4536</b>		Registrar's No. <b>42</b>		
1. PLACE OF DEATH a. COUNTY <b>Washington</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>Potosi</b>		c. LENGTH OF STAY (In this place) <b>9 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Potosi</b>		<b>1100</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>512 E. High St.</b>				d. STREET ADDRESS (If rural, give location) <b>512 E. High St.</b>				
3. NAME OF DECEASED. (Type or Print) a. (First) <b>Sallie</b> b. (Middle) <b>Rose</b> c. (Last) <b>Allen</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 22 1955</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>		8. DATE OF BIRTH <b>Feb. 8 1870</b>		
9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months <b>3</b>		IF UNDER 12 HRS. Days <b>14</b>		IF UNDER 12 HRS. Hour Min.		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>House work</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (State or foreign country) <b>Washington Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Campbell</b>			13b. MOTHER'S MAIDEN NAME <b>Susan Myers</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hattie Jann Potosi 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b> ANTECEDENT CAUSES DUE TO (b) <b>Frontal Brain following arteriosclerosis</b> DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>332X</b>					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)				
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>June</b> , 19 <b>53</b> , to <b>5/22</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>5/22 1955</b> and that death occurred at <b>10 P.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>H. L. Crenwell M.D.</b>				23b. ADDRESS <b>Potosi Mo.</b>		23c. DATE SIGNED <b>5/25/55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>5-24-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Potosi Masonic Cem. Potosi Mo.</b>		24d. LOCATION (City, town, or county) (State) <b>Potosi Mo.</b>		
DATE REC'D BY LOCAL REG. <b>5/25/55</b>		REGISTRAR'S SIGNATURE <b>H. L. Crenwell</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>403 Mrs. Lulu Spahr Potosi Mo.</b>		ADDRESS		

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

RECEIVED

MAY 31 1955

WASH. COUNTY HEALTH DEPT.

File No: \_\_\_\_\_

JUN 2 1955

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 Marghy L Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River 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.