

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 4 - 1955

State File No. \_\_\_\_\_

No. 300  
10-48

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>429</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler 0124</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <u>Missouri</u> b. COUNTY <u>Butler 124</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>39 years</u>		c. CITY OR TOWN <u>Poplar Bluff</u>		d. In 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 <u>617 Mary</u>				e. STREET ADDRESS (If rural, give location) <u>617 Mary</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sam</u>			b. (Middle) _____		c. (Last) <u>Allen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-23-1955</u>
5. SEX <u>male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>		8. DATE OF BIRTH <u>May 29-1888</u>	
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>South Carolina</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Oliver Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Natie W.K.</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Katie Allen - Washington D.C.</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>Cardiovascular Renal Disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>442X</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Prostatitis</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>---</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Poplar Bluff Butler MO.</u>			
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? <u>---</u>			
22. I hereby certify that I attended the deceased from <u>6-15-1955</u> , to <u>7-23-1955</u> , that I last saw the deceased alive on <u>7-22-1955</u> , and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Stallard M.D.</u>				23b. ADDRESS <u>Poplar Bluff Mo.</u>		23c. DATE SIGNED <u>7/29/55</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>---</u>		24b. DATE <u>7-29-1955</u>		24c. NAME OF CEMETERY OR TERRITORY <u>City</u>		24d. LOCATION (City, town, or county) (State) <u>Butler Mo.</u>	
DATE/REC'D BY LOCAL REG. <u>7/29/55</u>		REGISTRARS SIGNATURE <u>R. H. Mueller</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Smith</u>		ADDRESS <u>Director Mo.</u>	

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

RECEIVED  
AUG 2 1955  
BÜTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

SEP 27 1955

DEC 14 1955

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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 *Fred J. Smith*

Licensed Embalmer No. *446*  
P. O. Address *Sibers*

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.