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

FILED JUL 19 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22706

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 111

1. PLACE OF DEATH  
a. COUNTY **Laclede**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **Laclede**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Lebanon** c. LENGTH OF STAY (in this place) **7 weeks**

c. CITY OR TOWN **Lebanon** d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

d. FULL NAME OF HOSPITAL OR INSTITUTION **Wallace Hospital** e. STREET ADDRESS (If rural, give location) **250 No. Madison**

3. NAME OF DECEASED (Type or Print)  
a. (First) **Mary** b. (Middle) **D.** c. (Last) **Allen**

4. DATE OF DEATH (Month) (Day) (Year) **July 11, 1955**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED: NEVER MARRIED; ☒ WIDOWED; DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **June 1, 1868** 9. AGE (In years last birthday) **87** 10. IF UNDER 1 YEAR: Months **1** Days **10** 11. IF UNDER 24 HRS: Hours **1** Min. **10**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Wisconsin** 11. BIRTHPLACE (City and State or Foreign Country) **Wisconsin** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Elias Landers** 13b. MOTHER'S MAIDEN NAME **Margaret Dell** 14. NAME OF HUSBAND OR WIFE **Wyatt H. Allen**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Kenneth Allen** ADDRESS **Lebanon, Mo.**

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Chronic myocarditis** (b) **Senility** (c) **Senility**

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **7/22/55** 19b. MAJOR FINDINGS OF OPERATION **7/22/55** 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Lebanon Missouri**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) **July 11, 1955, 12:15 p.m.** 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR? **Heart failure**

22. I hereby certify that I attended the deceased from **July 11, 1955**, to **July 11, 1955**, that I last saw the deceased alive on **July 11, 1955**, and that death occurred at **12:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **J. H. Johnson** (Degree or title) **MD** 23b. ADDRESS **Lebanon Mo** 23c. DATE SIGNED **7/12/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **7/13/55** 24c. NAME OF CEMETERY OR CREMATORY **Lebanon City Cemetery** 24d. LOCATION (City, town, or county) (State) **Lebanon, Missouri**

DATE REC'D BY LOCAL REG. **7-13-1955** REGISTRAR'S SIGNATURE **Shella L. May** 424 25. FUNERAL DIRECTOR'S SIGNATURE **Holman Funeral Home** ADDRESS **Lebanon, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

Received 7-18-55

Laclede County Health Unit

File No. 111

Date Filed 7-18-55

JUL 11 1957

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 Dorsey M. Howe  
Licensed Embalmer No. 42

P. O. Address Lebanon

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.