

No. 300
10. 48

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22868

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. "LENGTH" OF STAY (In this place) 1 Day	c. CITY OR TOWN Bethel
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital.		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) 10201	

3. NAME OF DECEASED (Type or Print) a. (First) Waymond b. (Middle) Luther c. (Last) Allen			4. DATE OF DEATH (Month) (Day) (Year) July 9, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 5, 1900	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Contractor	11. BIRTHPLACE (City and State or Foreign Country) Shelby County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME James David Allen	13b. MOTHER'S MAIDEN NAME Margaret Eliz. Stuart	14. NAME OF HUSBAND OR WIFE Leona Allen
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 453-10-9765	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mabel Musgrove, Bethel, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis abdominal aorta				1 day	
*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			
		DUE TO (b) Gangrene both legs		1 day	
		DUE TO (c) Arteriosclerosis both legs		2 yrs.	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4501			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **10-31-53**, 19____, to **7-9-55**, 19____, that I last saw the deceased alive on **7-9-55**, 19____, and that death occurred at **6:46 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. L. Greene	23b. ADDRESS M.D. 100 N. Sixth, Hannibal, Mo.	23c. DATE SIGNED 7-12-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-12-1955	24c. NAME OF CEMETERY OR CREMATORY Bethel Zion Cemetery	24d. LOCATION (City, town, or county) (State) Bethel, Missouri
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DATE REC'D BY LOCAL REG. 7-16-55	REGISTRAR'S SIGNATURE Dr. E. M. Lucke	25. FUNERAL DIRECTOR'S SIGNATURE C. W. Musgrove	ADDRESS Bethel, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 22 1955
MARION CO. HEALTH DEPT/
DATE FILED JUL 22 1955

JUL 22 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.....
Signature of Student Embalmer

Signed..... *Paul E. Hayes*

Licensed Embalmer No. 446

P. O. Address Shelbina, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.