

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25115

State File No.

FILED AUG 8 - 1955

BIRTH NO. REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 4538 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WAYNE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>PIEDMONT</u>		c. CITY OR TOWN <u>PIEDMONT</u>	
c. LENGTH OF STAY (in this place) <u>LIFETIME</u>		d. Is 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		STREET ADDRESS (If rural, give location) <u>1110</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLAUDE</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>ALLEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 22 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 10, 1887</u>
9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>12</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BUILDING CONTRACTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MISSOURI</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>CHARLES ALLEN</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISA BENNETT</u>		14. NAME OF HUSBAND OR WIFE <u>NELLIE LANE ALLEN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>488-26-5796</u>		17. INFORMANT'S SIGNATURE OR NAME <u>NELLIE ALLEN</u> ADDRESS <u>PIEDMONT, MO.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decompensating heart & edema</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>434/3</u>		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 1948 to 7/22, 1955, that I last saw the deceased alive on 7/20, 1955, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>William M. D.</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Piedmont, Mo.</u>		23c. DATE SIGNED <u>7/20/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 24-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC</u>	
24d. LOCATION (City, town, or county) <u>PIEDMONT, MO.</u>		24e. STATE <u>MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>Aug 2, 1955</u>		REGISTRAR'S SIGNATURE <u>Harold Hard</u> <u>460-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William E. Loder</u> ADDRESS <u>Piedmont Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 CODER FUNERAL HOME, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 37

P. O. Address Piedmont

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.