

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

25315

State File No.

FILED AUG 22 1955

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 867	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 40 yrs		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Netzel Nursing Home 732 South 11th Street				e. STREET ADDRESS (If rural, give location) 821 South 15th Street 01170			
3. NAME OF DECEASED (Type or Print) ELLA		a. (First) S		c. (Last) ALLEN		4. DATE OF DEATH (Month) (Day) (Year) August 10 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 26, 1885		9. AGE (In years last birthday) 70 If UNDER 1 YEAR: Months Days If UNDER 1 Hrs. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Sumner Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME John Stanley		13b. MOTHER'S MAIDEN NAME Lydia Phillips		14. NAME OF HUSBAND OR WIFE George W. Allen (Deceased)			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS L. E. Allen St. Joseph, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure and renal insufficiency ANTECEDENT CAUSES Chronic cardio renal disease DUE TO (b) 44 2x DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 months Ukn.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5/10</u> , 19 <u>55</u> to <u>8/10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8/10</u> , 19 <u>55</u> , and that death occurred at <u>4:20P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE H. F. Mundy		(Degree or title) M.D.		23b. ADDRESS 2801 Sacramento St. Joseph, Mo.		23c. DATE SIGNED 8/11/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 13, 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. Aug 15, 1955		REGISTRAR'S SIGNATURE Roscoe M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Stoney Funeral Home		ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0. 300
0. 48

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.....*Charles E. Bennett*.....

Licensed Embalmer No. *H. 6. 2.*

P. O. Address *St. Joseph*.....

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.