

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **547**

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ripley		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Poplar Bluff)		c. LENGTH OF STAY (in this place) 15 days	c. CITY OR TOWN Rural Kelly Twp.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 10
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital			f. STREET ADDRESS (If rural, give location) 17 Mi. N. W. of Doniphan, Missouri		
3. NAME OF DECEASED (Type or Print) a. (First) Henry Otis b. (Middle) Otis c. (Last) Allen			4. DATE OF DEATH (Month) (Day) (Year) October 4, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 17, 1887	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) Emmet, Iowa		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Dennis Allen		13b. MOTHER'S MAIDEN NAME Elva Lucas		14. NAME OF HUSBAND OR WIFE Goldia Allen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Millie A. Hupp, Los Angeles, Calif. ADDRESS _____		
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) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) Hypertensive Cardiovascular disease DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443X				INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 9-18-55 , 1955 , to 10-4 , 1955 , that I last saw the deceased alive on 10-4 , 1955 , and that death occurred at 8:30 p. m., from the causes and on the date stated above.					
23a. SIGNATURE Marvin L. Bachman, M.D. (Degree or title) _____			23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 10/13/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 7, 1955	24c. NAME OF CEMETERY OR CREMATORY Wilson Cemetery	24d. LOCATION (City, town, or county) (State) Ripley County, Missouri		
DATE REC'D BY LOCAL REG. 10/13/55	REGISTRAR'S SIGNATURE R. H. Muehlebach		25. FUNERAL DIRECTOR'S SIGNATURE Bay Meems ADDRESS Doniphan, Mo.		

RECEIVED

OCT 17 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

JAN 19 1956

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 *Ray Meamer* _____

Licensed Embalmer No. *3742*

P. O. Address *Doniphan*

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.