

FILED NOV 14 1955

DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33864

BIRTH NO. _____		REG. DIST. NO. 169		PRIMARY REG. DIST. NO. 4269		Registrar's No. 69	
1. PLACE OF DEATH a. COUNTY Knox				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Knox			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Novelty				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Novelty			
d. FULL NAME OF HOSPITAL OR INSTITUTION at home				d. STREET ADDRESS (If rural, give location) Rural			
3. NAME OF DECEASED (Type or Print)		a. (First) Fred		b. (Middle) Allen		c. (Last) Allen	
4. DATE OF DEATH		Oct. 23, 1955		5. SEX M		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 10, 1886		9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Lamoni Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas I. Allen		13b. MOTHER'S MAIDEN NAME Ella Gore		14. NAME OF HUSBAND OR WIFE Etta Pearl Boyer Allen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 499-05-7192		17. INFORMANT'S SIGNATURE OR NAME Mrs. Fred Allen, Novelty, 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) Cardio-vascular - Renal disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Atherosclerosis 442X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Oct 17-55 to Oct 23-55	
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)		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 Oct 17, 1955, to Oct 23, 1955, that I last saw the deceased alive on Oct 23, 1955, and that death occurred at 10:12 m., from the causes and on the date stated above.							
23a. SIGNATURE E. O. Holmes		(Degree or Title) D.O.		23b. ADDRESS Novelty, Mo.		23c. DATE SIGNED Oct 26-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/26/55		24c. NAME OF CEMETERY OR CREMATORY Maple Hills		24d. LOCATION (City, town, or county) (State) Kirkville, Mo	
DATE REC'D BY LOCAL REG. Nov 1-55		REGISTRAR'S SIGNATURE Helle L. Hummel		25. FUNERAL DIRECTOR'S SIGNATURE Frank H. Long		ADDRESS Kirkville, Mo.	

(Licensed Embalmers' 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

George W. Dawselt

Licensed Embalmer No. *4799*

P. O. Address *Kirksville, 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 this body is not embalmed, fact should be so stated above.