

FILED NOV 30 1955

## STANDARD CERTIFICATE OF DEATH

State File No. **37747**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **129**

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Louisiana</b>		b. COUNTY <b>PIKE</b>	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Bowling</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pike Co. Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>0820</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b> b. (Middle) <b>Pinch</b> c. (Last) <b>Allen</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 11 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug 6 1860</b>
9. AGE (In years last birthday) <b>95</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Sumner Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>

13a. FATHER'S NAME <b>Robert Allen</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Welch</b>	14. NAME OF HUSBAND OR WIFE <b>Angie Allen</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. J. A. Allen New Hartford Mo</b>

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) <b>Osteoarthritis &amp; Arteriosclerosis</b> ANTECEDENT CAUSES DUE TO (b) <b>Cardiovascular &amp; Arterial Dis.</b> DUE TO (c) <b>Generalized Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Int. Trochanteric Fracture of left hip</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b> <b>10 yrs plus</b> <b>10 yrs plus</b> <b>8 days</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>442XF</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

21a. ACCIDENT SUICIDE (Specify) <b>11/4/55</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Bowling Green, Missouri Pike</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>11/4/55 3:15 P</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>patient fell in home.</b>

22. I hereby certify that I attended the deceased from **11-4**, 1955, to **11-11**, 1955, that I last saw the deceased alive on **11-11**, 1955, and that death occurred at **11:30 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Chas H. Lewellen M.D.</b>	23b. ADDRESS <b>Louisiana, Mo</b>	23c. DATE SIGNED <b>11-22-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11 13 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bowling Green</b>
24d. LOCATION (City, town, or county) (State) <b>Bowling Green Mo</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Grace Bankhead Bowling Green Mo</b>	
DATE REC'D BY LOCAL REG. <b>Nov 23, 1955</b> REGISTRAR'S SIGNATURE <b>Bernice Collier</b>		

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.. *Harold C. King* .....

Licensed Embalmer No. 4..

P. O. Address *Bonville* .....

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.