

FILED DEC 28 1955

State File No. **39638**

BIRTH NO.		REG. DIST. NO.		38		PRIMARY REG. DIST. NO.		3066		Registrar's No.		330		
I. PLACE OF DEATH a. COUNTY BOONE							2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY IRON							
b. CITY (If outside corporate limits, write RURAL and give township) COLUMBIA				c. LENGTH OF STAY (In this place) 19 DAYS		c. CITY OR TOWN IRONTON		d. Is Residence within limits of a city incorporated town? Yes [X] No []						
d. FULL NAME OF HOSPITAL OR INSTITUTION ELLIS FISCHL STATE CANCER HOSPITAL							e. STREET ADDRESS (If rural, give location) 119 W. HALL							
3. NAME OF DECEASED (Type or Print)			a. (First) CHARLOT		b. (Middle) JOSEPHINE		c. (Last) ALLEN		4. DATE OF DEATH (Month) (Day) (Year) DEC. 19, 1955					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 12/26/70		9. AGE (In years last birthday) 84		10. UNDER 1 YEAR Days 11 Months 24		11. UNDER 1 HR. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) CENTERVILLE, Mo.				12. CITIZEN OF WHAT COUNTRY U.S.				
13a. FATHER'S NAME ELBRIDGE BROWN				13b. MOTHER'S MAIDEN NAME MARY MIDDLETON				14. NAME OF HUSBAND OR WIFE JOHN ALLEN						
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. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS HOSPITAL RECORDS								
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) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 4201H							INTERVAL BETWEEN ONSET AND DEATH							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION Malignant melanoma						20. AUTOPSY? YES [X] 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 (Month) (Day) (Year) (Hour) OF INJURY				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 11/25, 1955, to 12/19, 1955, that I last saw the deceased alive on 12/19/55, 1955, and that death occurred at 2:45 P.M., from the causes and on the date stated above.														
23a. SIGNATURE Victor M. Blanco, M.D.						(Degree or title)			23b. ADDRESS Ellis Fischl St. Cancer Hosp.			23c. DATE SIGNED 12/20/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-23-1955		24c. NAME OF CEMETERY OR CREMATORY Big Creek Cemetery				24d. LOCATION (City, town, or County) Glover, Mo. (State)						
DATE REC'D BY LOCAL REG. Dec 20, 1955		REGISTRAR'S SIGNATURE Mrs R.E. Palmer				25. FUNERAL DIRECTOR'S SIGNATURE Address Parker Funeral Service Columbia								

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 489

P. O. Address Columbia

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.