

No. 300
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FILED JAN 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39943**

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5245 Registrar's No. 258

1. PLACE OF DEATH a. COUNTY <u>Charitan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Keytesville, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Saline</u>	
c. LENGTH OF STAY (If in hospital or institution) <u>2 1/2 days</u>		d. STREET ADDRESS (If rural, give location) <u>None Listed</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South East Keytesville</u>			
3. NAME OF DECEASED a. (First) <u>WILLIAM EDWARD ALLEN</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>December 18, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Feb 19, 1933</u>
9. AGE (In years, last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (City and State or foreign country)	12. CITIZEN OF WHAT COUNTRY
<u>2-9-29</u>	<u>Laborer</u>	<u>New Frankfurt Mo. USA</u>	<u>USA</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	12. CITIZEN OF WHAT COUNTRY
<u>Laborer</u>	<u>Farm Work</u>	<u>New Frankfurt Mo. USA</u>	<u>USA</u>
13a. FATHER'S NAME <u>George Burnice Allen</u>	13b. MOTHER'S MAIDEN NAME <u>Willa Mae Henderson</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates)	16. SOCIAL SECURITY NO. <u>728-071368</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Burnice Allen, Saline Mo.</u>	
<u>yes - 17-53</u>			
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) <u>Skull fracture</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Automobile accident</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other bldg., etc.) <u>Road K-X, Chariton County, Missouri</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Keytesville Sup. Chariton</u> (COUNTY) <u>MO.</u> (STATE)	
21d. TIME OF INJURY <u>Dec 18, 1955 2 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>W. L. Smith, Brown Chariton County, Keytesville Mo.</u>		23b. ADDRESS <u>Keytesville Mo.</u>	23c. DATE SIGNED <u>12-18-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12-21-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>W. M. North</u>	24d. LOCATION (City, town, or county) (State) <u>Saline Mo.</u>
DATE REC'D BY LOCAL REG. <u>12/22-55</u>	REGISTRAR'S SIGNATURE <u>W. L. Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Jones, Saline Mo.</u>	

(Licensed Embalmer's 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 _____

.....
working under my personal supervision.

Student
Student Embalmer

Signed *James E. Jones*
Student Embalmer No. _____
Licensed Embalmer No. *B 143*
P. O. Address *State N*

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.