

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

40180

State File No.

FILED JAN 3 - 1956

BIRTH NO. 8646955 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1173

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY GREENE	b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN SPRINGFIELD	c. CITY OR TOWN SPRINGFIELD	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL		e. STREET ADDRESS (If rural, give location) 2347 N. KELLETT	

3. NAME OF DECEASED (Type or Print)	a. (First) BECKY	b. (Middle) ANN	c. (Last) ALLEN	4. DATE OF DEATH (Month) (Day) (Year) 12-29-1955
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 12-28-1955	9. AGE (In years) (last birthday) if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY INFANT	11. BIRTHPLACE (City and State or Foreign Country) SPRINGFIELD, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME CHARLES ALLEN	13b. MOTHER'S MAIDEN NAME ANN CONNER	14. NAME OF HUSBAND OR WIFE INFANT
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. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS CHARLES ALLEN SPFLD. 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>prematurely - cerebral damage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>prematurely</u>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7605		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 12-28, 1955, to _____, 19____, that I last saw the deceased alive on 12-29, 1955, and that death occurred at 12:55 Pm., from the causes and on the date stated above.

23a. SIGNATURE <i>M. B. ...</i>	(Degree or title)	23b. ADDRESS <i>Prof. B. ... Springfield, MO</i>	23c. DATE SIGNED <u>12-30-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE <u>12-31-55</u>	24c. NAME OF CEMETERY OR CREMATORY EASTLAWN	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.
DATE REC'D BY LOCAL REG. <u>12-30-55</u>	REGISTRAR'S SIGNATURE <i>Edith Williamson</i>	EMERALD DIRECTOR'S SIGNATURE ADDRESS <i>W. Klingner</i> SPFLD. MO.	

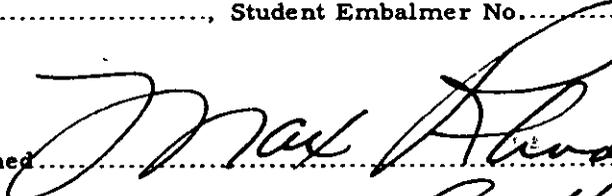
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

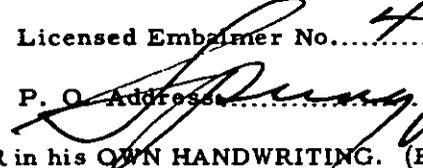
STATEMENT BY LICENSED EMBALMER

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..... 4

P. O. Address.....


Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.