

FILED JAN 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 966

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 72

1. PLACE OF DEATH  
a. COUNTY GREENE  
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN SPRINGFIELD  
c. LENGTH OF STAY (in this place) 5 days  
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI b. COUNTY STONE  
c. CITY OR TOWN REEDS SPRING  
d. Is Residence within limits of a city or incorporated town? Yes  No   
• STREET ADDRESS (If rural, give location) --- 1040

3. NAME OF DECEASED (Type or Print)  
a. (First) EFTON b. (Middle) --- c. (Last) ALLEN  
4. DATE OF DEATH (Month) (Day) (Year) January 19, 1956

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
8. DATE OF BIRTH Jan. 6, 1928 9. AGE (In years last birthday) 28 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teller 10b. KIND OF BUSINESS OR INDUSTRY Bank 11. BIRTHPLACE (City and State or Foreign Country) Reeds Spring, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Earl Allen 13b. MOTHER'S MAIDEN NAME Grace Morris 14. NAME OF HUSBAND OR WIFE Aileen 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. 498-28-2004 17. INFORMANT'S SIGNATURE OR NAME Mrs. Aileen Allen ADDRESS Reeds Spring, 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) Cardiac insufficiency  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aortic insufficiency, mitral stenosis 8 years  
DUE TO (c) Rheumatic heart disease 16 years  
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 411X 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 1/17/56, 1956, to 1/19/56, 1956, that I last saw the deceased alive on 1/18/56, 1956, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED  
Edith Williamson Reeds Spring, Mo 1/23/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 1/22/56 24c. NAME OF CEMETERY OR CREMATORY Yocum Pond Cemetery 24d. LOCATION (City, town, or county) (State) Reeds Spring, Missouri

DATE REC'D BY LOCAL REG. 1-24-56 REGISTRAR'S SIGNATURE Edith Williamson 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Springfield, Mo

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

JAN 30 1956

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 *[Signature]*  
Licensed Embalmer No. 331

P. O. Address Springfield

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.