

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

# 8033

State File No. ....

FILED MAR 26 1956

BIRTH NO. ....		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>108</u>	
1. PLACE OF DEATH a. COUNTY <u>BOONE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>COLUMBIA</u>		c. LENGTH OF STAY (in this place) <u>9 days</u>		c. CITY OR TOWN <u>CARTHAGE</u>		d. Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>UNIVERSITY HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>NORTH MAIN STREET Room 0447</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHANCELLOR</u>		b. (Middle) <u>C.</u>		c. (Last) <u>ALLEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 17, 1956</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Sept. 14, 1898</u>	
9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming &amp; Realstate</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carthage, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>G. S. Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet Conklin</u>		14. NAME OF HUSBAND OR WIFE <u>Hazel Allen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hazel Allen, Carthage, Mo.</u> ADDRESS			
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, arteriosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Months</u>	
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 <u>3/8/56</u> , 19 <u>56</u> , to <u>3/17/56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3/17/56</u> , 19 <u>56</u> , and that death occurred at <u>6:35</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Samuel P. W. Black M.D.</u>				23b. ADDRESS <u>University Hospitals, Columbia, Mo.</u>		23c. DATE SIGNED <u>3/17/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-20-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Webb City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 18 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ulmer Funeral Home, Carthage, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48

31-0

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 *William A. Fulks*.....

Licensed Embalmer No. *465*.....

P. O. Address *Carters*.....

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.