

FILED JUN 11 1956

STANDARD CERTIFICATE OF DEATH

State File No. 15766

BIRTH NO. _____ REG. DIST. NO. 33 PRIMARY REG. DIST. NO. 3009 Registrar's No. 298

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| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau | |
| b. CITY (If outside corporate limits, write RURAL and give township) Jackson | | c. CITY (If outside corporate limits, write RURAL and give township) Jackson | |
| c. LENGTH OF STAY (in this place) Life | | d. STREET ADDRESS (If rural, give location) 403 North Hope St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 403 North Hope St. | | | |

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|---|----------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) KURRE c. (Last) ALLEN | | 4. DATE OF DEATH (Month) (Day) (Year) May 30 1956 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Dec. 30, 1904 |
| 9. AGE (In years last birthday) 51 | | 10. KIND OF BUSINESS OR INDUSTRY Furniture | 11. BIRTHPLACE (State or foreign country) Missouri |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | | 12. CITIZEN OF WHAT COUNTRY? USA | |

| | | |
|---|---|--|
| 13a. FATHER'S NAME G.T. Allen | 13b. MOTHER'S MAIDEN NAME Kurre | 14. NAME OF HUSBAND OR WIFE Olga Mae 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. 486 14 6868 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Olga Mae Allen Jackson, Mo. |

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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 4 hrs |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction | | ? |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis | | |
| DUE TO (c) | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4201 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **Aug 1952**, to **May 30, 1956**, that I last saw the deceased alive on **May 30, 1956**, and that death occurred at **11:20 a.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) J. N. Jager MD | 23b. ADDRESS Jackson Mo | 23c. DATE SIGNED 5-31-56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE June 1 1956 | 24c. NAME OF CEMETERY OR CREMATORY Russell Heights |
| 24d. LOCATION (City, town, or county) (State) Jackson Missouri | | |

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|---|--|---|---|
| DATE REC'D BY LOCAL REG. 6-7-56 | REGISTRAR'S SIGNATURE Elizabeth Sumner | FUNERAL DIRECTOR'S SIGNATURE W. Combs | ADDRESS Und. Co. Jackson, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

JUN 17 1963

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
Student Embalmer

Signed *BA Meyer* _____

Licensed Embalmer No. *3051* _____

P. O. Address *Jackson 7* _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.