

FILED AUG 3-1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24375

State File No.

BIRTH NO. REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY <u>MCDONALD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ARKANSAS</u> b. COUNTY <u>BENTON</u>	
b. CITY OR TOWN <u>Noel</u>		c. CITY OR TOWN <u>GRAVETTE, AR 1</u>	
c. LENGTH OF STAY (in this place) <u>1 hour</u>		d. STREET ADDRESS (If rural, give location) <u>9030 S</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MCDONALD COUNTY OSTOPATHIC HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HARVEY</u>	b. (Middle) <u>ALSTON</u>	c. (Last) <u>ALLEN</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>July 30 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. 11 1897</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER - LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (City and State or Foreign Country) <u>BYRON, OKLA.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>HIRAM ALLEN</u>	13b. MOTHER'S MAIDEN NAME <u>ANNIE ALLEN</u>	14. NAME OF HUSBAND OR WIFE <u>CORA ALLEN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>430-26-1161</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Harvey Allen</u>	ADDRESS <u>wife</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>		
	ANTECEDENT CAUSES As forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</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 <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 30, 1956, to July 30, 1956, that I last saw the deceased alive on July 30, 1956, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. O. Noel M.D.</u>	23b. ADDRESS <u>1007 Noel</u>	23c. DATE SIGNED <u>July 31, 56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG 2 - 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HILL CREST</u>	24d. LOCATION (City, town, or county) (State) <u>GRAVETTE, ARK</u>
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DATE REC'D BY LOCAL REG. <u>8-2-56</u>	REGISTRAR'S SIGNATURE <u>Mayme Humphreys</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>CALLISON Mc KIVELY</u>	ADDRESS <u>Z.A. Gravette Ark</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

062

4230

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

Henry D. Day

Licensed Embalmer No. *912*

P. O. Address. *Hamlet, Ark*

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.