

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27504

FILED SEP 4 1956

Registration District No. 178 Primary Registration District No. 4286 Registrar's No. 66

STATE FILE NUMBER

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY LEWIS | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LA GRANGE | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN LA GRANGE | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME | | | | Length of stay in lb | | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) FRED | | | | First Middle Last ALLEN | | 4. DATE OF DEATH Month Day Year Aug. 23 1956 | |
| 5. SEX MALE | | 6. COLOR OR RACE NEGRO | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Aug 31 1879 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY FARMER | | 11. BIRTHPLACE (City and state or country) PALMYRA MO. | | 9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days Hours Min. | |
| 13. FATHER'S NAME JOHN ALLEN | | | | 14. MOTHER'S M maiden name MATELDA BRADSHAW | | | |
| 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. | | 17. INFORMANT Address Murray S. Allen | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) INTERVAL BETWEEN ONSET AND DEATH 2 Weeks | | | | | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 332X | | | |
| 20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year | | | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | | |
| 21. I attended the deceased from Aug 10-56 to Aug 23-56 and last saw her alive on Aug 22-56 Death occurred at LA GRANGE on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Ardis H. Jones III | | | | 22b. DEDUCTION Conton MO | | | |
| 23a. BURIAL, Cremation, etc. (Specify) | | 23b. DATE Aug 25, 1956 | | 23c. NAME OF CEMETERY OR CREMATORY MARKS CEMETERY | | 23d. LOCATION (City, town, or county) LA GRANGE | |
| 24. FUNERAL DIRECTOR ADDRESS Geo. E. Roberts Hannibal | | | | 25. DATE RECD. BY LOCAL REG. 8-27-56 | | 26. REGISTRAR'S SIGNATURE P. W. Jennings, M.D. | |

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

Geo E Roberts

Licensed Embalmer No. *2113*

P. O. Address *Hannover*

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.