

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32880**

FILED OCT 11 1956

BIRTH NO. _____		REG. DIST. NO. 347		PRIMARY REG. DIST. NO. 6172		Registrar's No. 41	
1. PLACE OF DEATH a. COUNTY Stone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Stone			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington		c. LENGTH OF STAY (In this place) 40 yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) Halena - mo 1040			
3. NAME OF DECEASED a. (First) Augusta (Type or Print)		b. (Middle) Bell		c. (Last) Allen		4. DATE OF DEATH (Month) (Day) (Year) Sept 22-1956	
5. SEX F		6. COLOR OR RACE wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov. 29-1898	
9. AGE (In years, last birthday) 57-9-10		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Kentucky	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME James Woodall		13b. MOTHER'S MAIDEN NAME Anna Lewis		14. NAME OF HUSBAND OR WIFE George Everett 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. 497-22-3254		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Everett Allen - Halena 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) Medullary Paralysis INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac De-compensation DUE TO (c) Myocardial Infarction II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Unstable Miltitis			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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) (Min.) _____		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 6-2 , 19 56 , to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at 6:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or Title) Ellis D. Crane M.D.				23b. ADDRESS Mo		23c. DATE SIGNED 9-28-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 24-1956		24c. NAME OF CEMETERY OR CREMATORY Halena		24d. LOCATION (City, town, or county) (State) Halena Mo.	
DATE REC'D BY LOCAL REG. Sept. 24-56		REGISTRAR'S SIGNATURE Mrs. J. Elmer Bussan		25. FUNERAL DIRECTOR'S SIGNATURE Everett J. Cheatham - Halena - Mo		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

1040

317-0

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
Student Embalmer

Signed

Everett J. Cheatham

Licensed Embalmer No. 3876

P. O. Address Halena Mo

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.