

FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34927

BIRTH NO. _____		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 5902		Registrar's No. 169	
1. PLACE OF DEATH a. COUNTY <i>Pemiscot</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pemiscot</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Hayti</i>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>Hayti</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <i>Hayti Heights 0780</i>			
3. NAME OF DECEASED (Type or Print)		a. (First) <i>Andrew</i>		b. (Middle) <i>Allen</i>		c. (Last) <i>Allen</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Negro</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>July 21, 1912</i>	
9. AGE (In years last birthday) <i>44</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		11. BIRTHPLACE (City and State or foreign country) <i>Marbles Ark</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Tom Allen</i>		13b. MOTHER'S MAIDEN NAME <i>Hettie E. Dabbs</i>		14. NAME OF HUSBAND OR WIFE <i>Classie Allen</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>429-20-4478</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Classie Allen Hayti, Mo</i>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Gunshot wound in rt arm + chest</i>				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) _____ 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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Homicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Hayti Heights Pemiscot Mo</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>10-7-56 11:45A m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Shot with 22 cal. rifle</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>11:45A m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>John St. German</i>				23b. ADDRESS <i>Hayti, Mo</i>		23c. DATE SIGNED <i>10-8-56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>10-14-56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Holly Grove Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Steele, Mo</i>	
DATE REC'D BY LOCAL REG. <i>10-9-56</i>		REGISTRAR'S SIGNATURE <i>John St. German</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>John St. German Hayti, Mo</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

10-271-56

OCT 15 1956

OCT 16 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *John G. German*.....

Licensed Embalmer No. *435*

P. O. Address *Hayti, La*

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.