

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16198

STATE FILE NUMBER

FILED MAY 20 1957

Registration District No.

42

Primary Registration District No.

1000

Registrar's No.

524

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

St. Joseph

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

718 N. 7th St.,

Lifetime

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Buchanan

c. CITY
OR
TOWN

St. Joseph

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

1402 Ashland Ave.,

Reside on Farm
Yes ☐ No ☒

3. NAME OF
DECEASED
(Type or print)

Hillside Rest Home

First

Nelson

Last

Allen

4. DATE
OF
DEATH

Month Day Year
May 9, 1957

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED ☒ NEVER MARRIED ☐

WIDOWED ☐

DIVORCED ☐

8. DATE OF BIRTH

Nov. 23, 1876

9. AGE (In years
last birthday)

81 80

IF UNDER 1 YEAR IF UNDER 24 HRS.

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Credit Manager

10b. KIND OF BUSINESS OR INDUSTRY

Dry Goods Business

11. BIRTHPLACE (City and state or country)

Easton, Kansas

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

James Allen

14. MOTHER'S MAIDEN NAME

Unknown

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.

491-09-8349

17. INFORMANT

Address

Minnie N. Allen, St. Joseph, Mo.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Diabetic Coma

INTERVAL BETWEEN
ONSET AND DEATH

18 hours

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Diabetes "Untreated"

DUE TO (c)

Undetermined

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

260X

19. WAS AUTOPSY
PERFORMED?

YES ☐ NO ☒

2

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF
INJURY

Hour a. m.
p. m.

20d. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

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 4-22-57 to 5-8-57 and last saw him alive on 5-8-57
Death occurred at 3:25 Pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree of title)

22b. ADDRESS

218 No. 7th St., St. Joseph, Mo.

22c. DATE SIGNED

5/10/57

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

May 11, 1957

23c. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cemetery

23d. LOCATION (City, town, or county)

St. Joseph, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Meierhoffer-Fleeman Inc. St. Joseph, Mo. May 14, 1957

Evelyn M. Allison

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate
by me, or by, Student Embalmer No
working under my personal supervision.

Student
Signature of Student Embalmer

Signed
Licensed Embalmer No

P. O. Address .. St. .. J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
(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.