

FILED JUL 24 1957

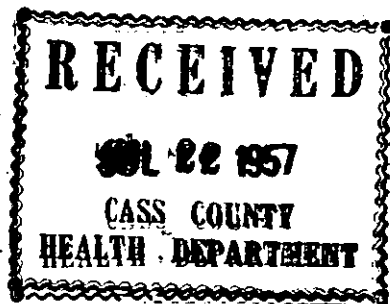
THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **23846**Registrar's No. **101**

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4097		Registrar's No. 101	
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Cass			
b. CITY (If outside corporate limits, write RURAL and give township) Harrisonville		c. LENGTH OF STAY (In this place) 1 yr.		c. CITY OR TOWN Harrisonville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Early Circle				e. STREET ADDRESS (If rural, give location) Early Circle			
3. NAME OF DECEASED (Type or Print) a. (First) MABEL b. (Middle) GIVAN c. (Last) ALLEN				4. DATE OF DEATH (Month) July (Day) 18 (Year) 1957			
5. SEX Female		6. COLOR OF RACE White		7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug 9 1864	
9. AGE (In years last birthday) 92		10. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) Housewife		11. KIND OF BUSINESS OR INDUSTRY Lawrenceburg, Ind.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Noah M. Givan		13b. MOTHER'S M maiden name Elizabeth Jackson		14. NAME OF HUSBAND OR WIFE Charles E. Allen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME George M. Allen Harrisonville, Mo. ADDRESS _____			
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) Cerebral Arteriosclerosis 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. Non-toxic Diffuse Goiter 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH 10 yrs.			
19a. DATE OF OPERATION _____		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 334.X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 17 1957		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 July 17 1957 , to July 18 1957 , that I last saw the deceased alive on July 17 1957 , and that death occurred at 12:45 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE O. J. Barger (Degree or title) Dr.				23b. ADDRESS Harrisonville Mo		23c. DATE SIGNED July 19 1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 30 1957		24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery		24d. LOCATION (City, town, or county) (State) Harrisonville Mo	
DATE REC'D BY LOCAL REG. July 19 1957		REGISTRAR'S SIGNATURE Nora Barwad		FUNERAL DIRECTOR'S SIGNATURE Lawrenceburg, Harrisonville Mo		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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



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 *James R. Phillips*.....
Licensed Embalmer No. *4691*

P. O. Address *Harrison*

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.