FILED DEC 11 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 40772

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 570

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): JOPLIN — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1930 BIRD AVE. — Length of stay in 1b: 1 MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: OKLAHOMA b. COUNTY: TULSA
c. CITY OR TOWN: TULSA — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1543 S. DELAWARE PL. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First CHARLES Middle J. Last ALLEN

4. DATE OF DEATH: Month DEC. Day 4TH, Year 1957

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: OCT. 23, 1876
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): COLLECTION AGENCY
10b. KIND OF BUSINESS OR INDUSTRY: COLLECTIONS & LOANS
11. BIRTHPLACE (City and state or country): BRIGHTON, IOWA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: GEORGE ALLEN
13b. MOTHER'S MAIDEN NAME: VIRGINIA VINCENT
14. NAME OF HUSBAND OR WIFE: ZELLA MARIE ALLEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNK
16. SOCIAL SECURITY NO.: UNK
17. INFORMANT: MRS. ZELLA MARIE ALLEN, Address 1543 S. DELAWARE PLACE

MEDICAL CERTIFICATION

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 hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Hypertension — Not known
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 331 X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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. Month, Day, Year
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 Nov. 15, 1957, to Dec. 4, 1957 and last saw him alive on Dec. 4, 1957
Death occurred at 1:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lloyd H. McPhee M.D.
22b. ADDRESS: 607 Frisco Bldg., Joplin, MO.
22c. DATE SIGNED: 12-4-57

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 12-4-57
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State): TULSA, OKLAHOMA

24. FUNERAL DIRECTOR — ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.
25. DATE RECD. BY LOCAL REG.: 12-4-1957
26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Jasper County Health Center
County File Number 57-12-998
Date Filed DEC 9 1957

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.