

FILED MAR 11 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004707

STATE FILE NUMBER

Registration District No.

52

Primary Registration District No.

Registrar's No.

210

1. PLACE OF DEATH a. COUNTY CAPE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAPE GIRARDEAU		c. CITY OR TOWN CHAFFEE 1001	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SOUTHEAST MO. HOSP.		d. STREET ADDRESS (If outside, give location) 314 COOK AVE	
Length of stay in 1b 1 DAY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last ANDREW JACKSON ALLEN			4. DATE OF DEATH Month Day Year FEB. 28 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 27 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACKSMITH (RET)		10b. KIND OF BUSINESS OR INDUSTRY —	9. AGE (In years last birthday) 74 IF UNDER 1 YEAR: Months 4 Days 1 IF UNDER 24 HRS.: Hours — Min. —
11. BIRTHPLACE (City and state or country) LAFLIN, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JACKSON D. ALLEN		13b. MOTHER'S MAIDEN NAME EMELINE SARUM	14. NAME OF HUSBAND OR WIFE RHODA ELIZABETH 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. NONE	
17. INFORMANT Address MRS. FLOYD NICKERSON - CHAFFEE, 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) Coronary occlusion - myocardial infarction - arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) — DUE TO (c) — PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ✓	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 4 200	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 2/28/58 , to 2/28/58 and last saw him alive on 2/28/58 Death occurred at 5 PM on the date stated above and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. H. Keeney, M.D.		22b. ADDRESS Cape Girardeau	
22c. DATE SIGNED 3/6/58		22d. PLACE SIGNED Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MARCH 3, 1958	23c. NAME OF CEMETERY OR CREMATORY CRUMP CEMETERY	23d. LOCATION (City, town, or county) (State) CRUMP MISSOURI
24. FUNERAL DIRECTOR ADDRESS Displinghoff FUNERAL HOME - CHAFFEE, MO.		25. DATE RECD. BY LOCAL REG. March 6, 1958	
26. REGISTRAR'S SIGNATURE Mrs. Homer E. Cooper			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

doctor, coroner, etc. must use any standard nomenclature in their report. All diseases in Part I must be causally related.

MAP 24 1959

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

Jack T. Larnette

Licensed Embalmer No. 4473

P. O. Address Chaffee, Miss

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.