

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013075
STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 7 Primary Registration District No. 5004 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Novinger, R. F. D. Ninevah Twp TOWN Novinger		c. CITY OR TOWN Novinger	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at family home		d. STREET ADDRESS R. F. D. Nevevah twp	
Length of stay in 1b yrs		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Glen E. Allen Sr.			4. DATE OF DEATH April 30, 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 1, 1896	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Adair County, Mo	
13. FATHER'S NAME David Allen			14. MOTHER'S MAIDEN NAME Florence Williams		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) Yes W. W. I		16. SOCIAL SECURITY NO. 494 10 5370		17. INFORMANT Address Mrs. Ollie Allen, Novinger, Mo.	

18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 yr 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Atherosclerosis 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"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 WORK <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 Jan 1957 to April 30 1958 and last saw him alive on April 30-58 Death occurred at 8:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) N. N. Garrison M.D.	22b. ADDRESS Novinger, Mo.	22c. DATE SIGNED 5/2/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/3/58	23c. NAME OF CEMETERY OR CREMATORY Novinger Cemetery	23d. LOCATION (City, town, or county) (State) Novinger, Mo.
24. FUNERAL DIRECTOR ADDRESS Paul W. Riley, Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 5-1-58	26. REGISTRAR'S SIGNATURE Doris W. Pateff

(Licensed Embalmer's Statement on Reverse Side)

Public Health Service 001 300 -56
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Diseases in Part I must be causally related. Caretaker cannot certify to a death due to natural causes.

1988
66-12712

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 *Kenneth E. Hayes*

Licensed Embalmer No. *48*

P. O. Address *Kirkville*

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.