| Type or Print John Payne Allen OFH July 26 10 | | | TH | e division of He | alth of Missou | Ri | | | ~~~ | • |
|--|--|---|--|--------------------------------|------------------------|--------------------------------|------------------------------------|----------------------|--------------------|---|
| 1. PLACE OF DEATH a. COUNTY New Madrid b. CITY of outside corporate limits, write RURAL and give township) TOWN Matthews corporate limits, write RURAL and give township) TOWN Matthews corporate limits, write RURAL and give township) TOWN Matthews corporate limits, write RURAL and give township) TOWN Matthews corporate limits, write RURAL and give township) TOWN Matthews corporate limits, write RURAL and give township) TOWN Matthews corporate limits, write RURAL and give township) TOWN Matthews corporate limits, write RURAL and give township) TOWN Matthews corporate limits, write RURAL and give township) TOWN Matthews corporate limits, write RURAL and give township) TOWN Matthews corporate limits, write RURAL and give township) TOWN Matthews corporate limits, write RURAL and give township) TOWN Matthews corporate limits, write RURAL and give township) TOWN Matthews corporate limits, write RURAL and give township) TOWN Matthews corporate limits, write RURAL and give township) TOWN Matthews corporate limits, write RURAL and give township) TOWN Matthews corporate limits, write RURAL and give township) TOWN Matthews corporate limits corporate limits corporate limits corporate limits ROULE One STREET TOWN Matthews corporate limits c | | • | STA | NDARD CERTIF | ICATE OF DEA | NTH | <u>.55</u> 8 | U | ८ 63 | 48 |
| b. CITY dissets descriptions that to write RURAL and street to termentals of STAY (in this piece) 1. CITY dissets of the section of the sect | D.AUG 111 | 1958 | _ REG. D | 1ST. NO. 242 | PRIMARY REG. DIST. | 10. <u>5830</u> | Registro | ır's No | 15 | *************************************** |
| D. CITY of estable corporate limits, write RURAL and give CROWN Matthews C. CITY ON Matthews C. CLASSI A DATE OF BIRTH D. DATE OF OPERA- TION C. CITY ON Matthews C. CLASSI A. DATE OF BIRTH D. DATE OF OPERA- TION C. CLASSI A. DAT | | | | | 2. USUAL RESIDE | ENCE (Where de | scensed lived | . If inetic | tution: resi | dence befo |
| OR FULL NAME OF (If seat in benjular or landitusion, give street address or location) NOSPITAL OR ROUTE ONE 3. NAME OF (If seat in benjular or landitusion, give street address or location) NOSPITAL OR ROUTE ONE 3. NAME OF DECEASED FOR (If seat in benjular or landitusion, give street address or location) NOSPITAL OR ROUTE ONE 3. NAME OF DECEASED FOR (If seat in benjular or landitusion, give street address or location) NOSPITAL OR ROUTE ONE 3. NAME OF DECEASED FOR INJUNY (Seat of landing life, even if retired) 5. SEX OF S | COUNTY New Ma | ladrid | | | a. STATE Mo. | | b. COUNT | ry New | <i>i</i> Madr | i |
| 3. NAME OF DECEASED DECEASED JOHN Payne Allen Oct. (Last) 4. DATE (Month) (Day) DECEASED (Type or Print) John Payne Allen Oct. 27, 1916 JULy 26 10. 5. SEX Male O W John Divorced (Speedly) Married (Speedly) Married Oct. 27, 1916 July 26 10. 9. AGE (to years) I word i rate of work done during most of working ills, even if retherd one during most of working ills, even if retherd one during most of working ills, even if retherd one during most of working ills, even if retherd one during most of working ills, even if retherd one during most of working ills, even if retherd one during most of working ills, even if retherd one during most of working ills, even if retherd one during most of working ills, even if retherd one during most of working ills, even if retherd one of Business or in. Farmer 3. FATHER'S NAME S. Allen 13. MOTHER'S MAIDEN NAME 14. NAME OF HUSBANDOR FIFE Pearlie Allen Matthews, Mo. 9. AGE (to years) Income in Country, Arkansas / U.S. / Information of Foreign Country in Country, Arkansas / U.S. / Information of Country, Arkansas / U.S. / Information of Country in C | OR | | c. CITY 6120 d. L. R. OR TOWN Matthews O | | | d. Is Resid a city o Yes | ence within g incorporate No | limits of d jown? | | |
| Allen DEATH July 26 19 19 19 19 19 19 19 19 | FULL NAME OF (II : HOSPITAL OR INSTITUTION | Route Or | astiution, gi | ve street address or focation) | II ADDDECC | | stion) | | | |
| Allen DEATH July 26 19 S. SEX S. COLOR OR RACE 7. MARRIED. NEVER MARRIED. 8. DATE OF BIRTH 9. AGE (In years) if weets 1 true 10 to Ct. 27, 1916 11. BIRTHPLACE (City and State or Foreign Country) 10 to KIND OF BUSINESS OR INDUSTRY 10 to Married 10 to KIND OF BUSINESS OR INDUSTRY 10 to Married 10 to KIND OF BUSINESS OR INDUSTRY 10 to Married 10 to KIND OF BUSINESS OR INDUSTRY 10 to Married 10 to KIND OF BUSINESS OR INDUSTRY 10 to Married 10 to KIND OF BUSINESS OR INDUSTRY 10 to Married 10 to KIND OF BUSINESS OR INDUSTRY 10 to Married 10 to KIND OF BUSINESS OR INDUSTRY 10 to Married 10 to KIND OF BUSINESS OR INDUSTRY 10 to Married 10 to KIND OF BUSINESS OR INDUSTRY 10 to Married 10 to KIND OF BUSINESS OR INDUSTRY 10 to Married 10 to KIND OF BUSINESS OR INDUSTRY 10 to Married 10 to KIND OF BUSINESS OR INDUSTRY 10 to Married 10 to KIND OF BUSINESS OR INDUSTRY 10 to Married 10 to Kind Of Business 10 to Kind Of | AME OF B. | . (First) | · · · · · · · · · · · · · · · · · · · | b. (Middie) | c. (Last) | 4. DA | TE (M | fonth) | (Day) | (Year) |
| S. SEX Male o W NARRIED NEVER MARRIED NAME NAME NAME NAME NA | | John | | Pavne | Allen | DEA | F | _ • | | .958 |
| Married Delignation (Give kind of work) done during most of working life, even if redwed) Farmer Ba. Father's name Sa. Father's name Father Payne Pearlie Allen Matthews, Mo. Sa. Cause of Death Intercupy one cause part Intercupy one cause part Intercupy one cause part Sa. Cause of death Sa. | | | 7. MARR | | | (9. AG | E (In years) | IF UNDER 1 | YEAR IF C | HOER M HES. |
| OB. USUAL OCCUPATION (Circ kind of work done during most of working ills, even if redwell) Farming Farming Johnson County, Arkansas / Johnson County, Island County, Johnson County, Arkansas / Johnson County, Arkansas / Johnson County, Arkansas / Johnson County, Johnson County, Island County, Arkansas / Johnson Cou | Male O V | W | | | Oct. 27, 1916 | | | | Да уе Ног | ure Min. |
| Farmer Farming Johnson County, Arkansas U.S./ 1a. FATHER'S NAME S. MOTHER'S MAIDEN NAME S. MAKE OF HUSBAND'OR WIFE S. Allen Ethel Payme Pearlie Allen I. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME Pearlie Allen Matthews, Mo. DISEASE OR CONDITION INTERVAL CAUSE OF DEATH I. DISEASE OR CONDITION INTERVAL I. DISEASE OR CONDITION INTERVAL ONSET AND ANTECEDENT CAUSES Morbid continitions, if any, giving DUE TO (b) II. OTHER SIGNIFICANT CONDITIONS In means the distant failure, or completed In OTHER SIGNIFICANT CONDITIONS Committees contributing to the death but not related to the disease or condition coursing death. In DATE OF OPERA TION 19b. MAJOR FINDINGS OF OPERATION II. OTHER SIGNIFICANT CONDITIONS Committees contributing to the death but not related to the disease or condition coursing death. In DATE OF OPERA TION 19b. MAJOR FINDINGS OF OPERATION III. OTHER SIGNIFICANT CONDITIONS Committees contributing to the death but not related to the disease or condition coursing death. In DATE OF OPERA TION 19b. MAJOR FINDINGS OF OPERATION 21c. (CITY, TOWN, OR TOWNSHIP) COUNTY) CITA OF THE COUNTY III. OTHER SIGNIFICANT CONDITIONS 21c. (CITY, TOWN, OR TOWNSHIP) COUNTY) CITA OF THE COUNTY III. OTHER SIGNIFICANT CONDITIONS 21c. (CITY, TOWN, OR TOWNSHIP) COUNTY) CITA OF THE COUNTY III. DISEASE OR CONDITION 21c. INJURY OCCURRED III. OTHER SIGNIFICANT CONDITIONS 21c. (CITY, TOWN, OR TOWNSHIP) COUNTY) CITA OF THE COUNTY III. DISEASE OR CONDITION 21c. INJURY OCCURRED III. DISEASE OR CONDITION 21c. (CITY, TOWN, OR TOWNSHIP) COUNTY III. DISEASE OR CONDITION 21c. (CITY, TOWN, OR TOWNSHIP) COUNTY III. DISEASE OR CONDITION 21c. (CITY, TOW | ISUAL OCCUPATION | (Give kind of work | | | 11. BIRTHPLACE (C) | ty and State or Fo | reign Countr | - T | | |
| Ethel Payne S. Allen Ethel Payne S. WAS DECEASED EVER IN U.S. ARMED FORCES? S. CAUSE OF DEATH inter only one course per ne for (s), (b), and (c) This does not mean the distingting to the death. ANTECEDENT CAUSES Morbid conditions, if any, gloing DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions conditions condition condition condition death. Due TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions conditions condition condition condition death. Due TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions conditions condition condition death. Due TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions conditions condition condition death. Due TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions condition condition death. Due TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions condition condition death. Due TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions condition condition death. Due TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions condition condition death. Due TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions conditions condition condition death. Due TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions condition condition death. Due TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions condition condition condition death. Due TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions condition condition death. Due TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions condition condition death. Due TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions condition condition death. Due TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions condition condition death. Due TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions condition death. Due TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions condition death. Due TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions condition death. Due TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions condition death. Due TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions condition death. Due TO (c) III. OTHER SIGN | Farmer | | Far | ming | Johnson Cour | | | / | U.S. | |
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| Comparison Com | | | | | l | | | | | |
| DIECTLY LEADING TO DEATH inter only one cause per ne for (a), (b), and (c) *This does not mean it mode of dying, such theart fallure, asthenia, c. It means the dis- ne, injury, or complica- on which caused death. TO THER SIGNIFICANT CONDITIONS DIE TO (c) II. OTHER SIGNIFICANT CONDITIONS On which caused death. TO THE SIGNIFICANT CONDITIONS TO THE SIGNIFICANT CONDI | | | | | | | | | | DRESS |
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| 1d. TIME (Month) (Day) (Year) (Hour) 216. INJURY OCCURRED 21f. HOW DID INJURY OCCURT OF WHILE AT NOT WHILE AT WORK AT WORK 2. I hereby certify that I attended the deceased from | DATE OF OPERA- 19 | | | | | | ・ フラ | 7/ | | PSY1 2 |
| NOT WHILE AT NOT WHILE WORK AT WORK 1954, 1955, to 25 to 1955, that I last saw the of | CCIDENT (8) IOMICIDE ' | | | | 21c. (CITY, TOWN, OR 1 | TOWNSHIP) | (COU | NTY) | (ST | ATE) |
| | OF · | (Day) (Year) (| | HILEAT TO NOT WHILE TO | 21f. HOW DID INJURY | OCCURT' | | | | |
| alive on | hereby certify tha live on26 | | | | | | | | | deceased |
| 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE 7-25- | Charle | in like | ider | (Degree or title) | 23b. ADDRESS | whyl | , (ne | <u> </u> | | |
| Burial Breaky Ducky 29, 1988 Sarden of Menaile Likeston, Ins | REMOVAL (Breedly) | July 2 | 9,1918 | Larden 1 | 3 Menerica | Sike | Oity, town, | سر رب | ns | (State) |
| DATE REC'D BY LOCAL HEGISTRARY SIGNATURE ADGRESS 7-31-58 REG. Station Library Commence Adgress 1-31-58 REG. Station Library Commence Adgress | | Hatke | SIGNATURE | ma Bain | Selenter DIRECT | Tech | ure | ADD | PRESS Land | |

6 1958 AUG DATE RECEIVED _ NEW MADRID CO. HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embald Student Embalmer No..... by me, or by

working under my personal supervision..

Licensed Embalmer No. 26.26 P. O. Address Hasu

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