

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026348
State File No.

FILED AUG 11 1958

REG. DIST. NO. 242 PRIMARY REG. DIST. NO. 5830 Registrar's No. 105

0720
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Matthews		c. LENGTH OF STAY (in this place) d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	e. CITY OR TOWN Matthews 0
d. FULL NAME OF HOSPITAL OR INSTITUTION Route One		e. STREET ADDRESS (If rural, give location) Route One	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Payne c. (Last) Allen		4. DATE OF DEATH (Month) (Day) (Year) July 26 1958	
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 27, 1916
9. AGE (In years last birthday) 41		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Johnson County, Arkansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME R. S. Allen	
13b. MOTHER'S MAIDEN NAME Ethel Payne		14. NAME OF HUSBAND OR WIFE Pearlie Allen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Pearlie Allen		ADDRESS Matthews, Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Polycystic Kidneys - congenital DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		7571	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
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, 1956 to July 25, 1958, that I last saw the deceased alive on July 25, 1958, and that death occurred at 7:25 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Charles L. Baker		23b. ADDRESS 1250 W. Walnut, Mo.	
23c. DATE SIGNED 7-25-1958		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE July 29, 1958		24c. NAME OF CEMETERY OR CREMATORY Garden of Memories	
24d. LOCATION (City, town, or county) (State) Sikeston, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Albritton Funeral Home	
DATE REC'D BY LOCAL REG. 7-31-58		REGISTRAR'S SIGNATURE Nathaniel L. Bain	

(Licensed Embalmer's Statement on Reverse Side)

Sikeston, Mo.

DATE RECEIVED AUG 6 1958
NEW MADRID CO. HEALTH CENTER
P. J. S.

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.....

Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address Gran. 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.