

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

 58-039173  
 State File No.

FILED DEC 1 1958

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. Registrar's No. 539

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kural-Welch</u>		c. CITY OR TOWN <u>Kural-Welch Twp.</u>	
c. LENGTH OF STAY (In this place) <u>25 years</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 1 Advance, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>Rt. 1 Advance, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Tasper</u> b. (Middle) <u>*****</u> c. (Last) <u>Allen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 8 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 2</u>	8. DATE OF BIRTH <u>Jan. 16, 1878</u>
9. AGE (In years last birthday) <u>80</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Morley, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thomas J. Allen</u>	13b. MOTHER'S MAIDEN NAME <u>Allie Sylman</u>	14. NAME OF HUSBAND OR WIFE <u>Josie Allen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>497181724</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Josie Allen</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arterio Sclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs.</u> ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) <u>Fracture of Hip</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2 mos.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>4500 F</u>	
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 <u>7-20-55</u> , 19 <u>  </u> , to <u>11-8-58</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>11/8/58</u> , 19 <u>  </u> , and that death occurred at <u>      </u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>C. P. McGinty M.D.</u>	(Degree or title)	23b. ADDRESS <u>1912 Broadway Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>11-13-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-10-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morgan</u>	24d. LOCATION (City, town, or county) (State) <u>Advance Missouri</u>
DATE REC'D BY LOCAL REG. <u>Nov 24 1958</u>	REGISTRAR'S SIGNATURE <u>Mr. Homer Cooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. May</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Wm N. Mary*

Licensed Embalmer No. *464*

P. O. Address. *Adoane*

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.