

Health,
& Welfare
Public
Service

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI				78-045315			
STANDARD CERTIFICATE OF DEATH				STATE FILE NUMBER			
FILED JAN 5 1958		Registration District No. 316		Primary Registration District No. 3060		Registrar's No. 475	
1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington, Mo.		c. CITY OR TOWN Farmington, Mo.					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS 411 N Main					
3. NAME OF DECEASED (Type or print) First Sidney Middle Counts Last Allen		4. DATE OF DEATH Month Dec. Day 27 Year 1958					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 25, 1877				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 81				
11. BIRTHPLACE (City and state or country) Ste. Genevieve Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Archless Vernon Allen		13b. MOTHER'S MAIDEN NAME Sarah Jane Boyd					
14. NAME OF HUSBAND OR WIFE Mary L. 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. 4260		17. INFORMANT Address Mary L. Allen, 411 N. Main, Farmington, 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) Arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 15 yrs.				
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 _____ 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 March 1954 , to 12-27-58 and last saw her alive on 12-26-58 Death occurred at 5 AM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) C. E. Carleton, M.D.		22b. ADDRESS Farmington, Mo.					
22c. DATE SIGNED 12-27-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial					
23b. DATE Dec. 29, 1958		23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill					
23d. LOCATION (City, town, or county) (State) Ste. Genevieve Co. Mo.		24. FUNERAL DIRECTOR C. H. Cozean					
25. DATE RECD. BY LOCAL REG. Dec. 27, 1958		26. REGISTRAR'S SIGNATURE Ether Redloff					

5859 OCT 1947

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 *C. H. Cozeman*

Licensed Embalmer No. *4084*
P. O. Address *Farmington,*

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.