

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014002

STATE FILE NUMBER

FILED MAY 4 1959

Registration District No. 179

Primary Registration District No. 5667

Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Bedford Twp.		c. CITY OR TOWN Bedford Twp. 0570	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) Rt 3 Box 32A	
3. NAME OF DECEASED (Type or print) First Elliot Middle Allen Last Allen		4. DATE OF DEATH Month April Day 19 Year 1959	
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 27, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) Mer Rouge, Louisiana, USA	
13a. FATHER'S NAME John Allen		14. NAME OF HUSBAND OR WIFE Nicey Ward	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) None		17. INFORMANT Address Idella Smith, Troy, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis DUE TO (c) Obesity PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		INTERVAL BETWEEN ONSET AND DEATH	
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 8:08 a.m. AM Month, Day, Year 4/19/59		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.) Troy, Missouri		20f. CITY, TOWN, OR LOCATION COUNTY Troy STATE Missouri	
21. I attended the deceased from 2/1/56 to 4/19/59 and last saw him alive on 4/19/59 Death occurred at 8:08 AM on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) M.D.	
22b. ADDRESS Troy, Missouri		22c. DATE SIGNED 4/20/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/25/59	23c. NAME OF CEMETERY OR CREMATORY Troy Cemetery	23d. LOCATION (City, town, or county) (State) Troy, Missouri.
24. FUNERAL DIRECTOR Kemper-Marsh Funeral Home, Troy, Mo.		25. DATE RECD. BY LOCAL REG. 4-28-59	
26. REGISTRAR'S SIGNATURE Charlotte Leek			

MAY 4 1956

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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, ~~XXXX~~....., Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Joseph J. Marsh

Licensed Embalmer No. 3932.....

P. O. Address...Troy, Missouri

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.