

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

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED VS MAR 14 1960

State File No. ~~47110~~ 47110

BIRTH NO. _____		REG. DIST. NO. <del>254</del> 254		PRIMARY REG. DIST. NO. 4386		Registrar's No. 47110	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Oregon County</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>Thayer, Mo.</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Oregon</b>	
c. LENGTH OF STAY (In this place) <b>5 mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Bardley, Mo.</b>		d. STREET OR ADDRESS <b>Gen. Del.</b>		d. STREET OR ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>4 Towery Rest Home</b>				d. STREET OR ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <b>Robie</b>	b. (Middle)	c. (Last) <b>Allen</b>	a. (First)	b. (Middle)	c. (Last)	Date	Year
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>2 Widowed</b>	8. DATE OF BIRTH <b>3-16-1872</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ertie Allen-Redway, Calif.</b>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>					
		ANTECEDENT CAUSES (b) <b>Arteriosclerosis</b>					
		MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c) <b>4201</b>					
		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? 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <b>11 20</b> , 19 <b>57</b> , to <b>11 20</b> , 19 <b>58</b> , that I last saw the deceased alive on <b>11 20</b> , 19 <b>58</b> , and that death occurred at <b>5:30A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>[Signature]</b>				23b. ADDRESS <b>Thayer, Mo.</b>		23c. DATE SIGNED <b>2-5-60</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-1-1960</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Oregon County, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>3-10-60</b>		REGISTRAR'S SIGNATURE <b>Arthur Wolf</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>M.C. McNeill</b>		ADDRESS <b>Pocahontas, Arkan</b>	

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 .....  
Student Embalmer

Signed *M. C. McFalls* .....

Licensed Embalmer No. *680 (Ark.)*

P. O. Address *Dacahontas, Ark.*

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 this body is not embalmed, fact should be so stated above.