

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 37022
261
 Registrar's No. 261

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

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, write RURAL, and give township) <u>Windsor</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Windsor</u> | |
| c. LENGTH OF STAY (in this place) <u>28 years</u> | | d. STREET ADDRESS (If rural, give location) <u>403 East Florence</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>403 East Florence</u> | | | |

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| 3. NAME OF DECEASED a. (First) <u>Robert</u> b. (Middle) <u>Logan</u> c. (Last) <u>Allen</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25, 1949</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>June 28, 1882</u> |
| 9. AGE (In years last birthday) <u>67</u> | | if UNDER 1 YEAR Months <u>4</u> Days <u>27</u> | if UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Veterinarian-retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) <u>Henry County, Missouri</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

| | | |
|--|---|--|
| 13a. FATHER'S NAME <u>Robert Walter Allen</u> | 13b. MOTHER'S MAIDEN NAME <u>Sallie Sutherland</u> | 14. NAME OF HUSBAND OR WIFE <u>Mildred Agee Allen</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>None</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Robert Logan Allen, Windsor</u> | ADDRESS <u>Mo</u> |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralysis agitans</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>350X</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| | | |
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| 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 Oct - 18, 1945 to Nov 24, 1949, that I last saw the deceased alive on Nov 24, 1949, and that death occurred at 9:30 P.M. from the causes and on the date stated above.

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|--|-------------------------------|--------------------------------|-------------------------------------|
| 23a. SIGNATURE <u>W. M. L. L...</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Windsor</u> | 23c. DATE SIGNED <u>11/28/49</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11-27-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u> | 24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u> |
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|--|--|--|-------------------------------|
| DATE REC'D BY LOCAL REG. <u>Nov-28-49</u> | REGISTRAR'S SIGNATURE <u>Florence Adams</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston-Jurner</u> | ADDRESS <u>Windsor, Mo</u> |
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DEC 6 1949

RECEIVED

District Health Officer No. 7,

District File Number 11:49-1426

Date Filed 12-5-49

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Shindor, 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 this body is not embalmed, fact should be so stated above.