

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17829

State File No.

FILED JUN 1 - 1953

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5515 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY <u>Henry</u> <u>0420</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> <u>0420</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Shawnee Township</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2mi west & 1/2 mi north Of Quarrels store</u> *		c. CITY (If outside corporate limits, write RURAL and give township) <u>General delivery - URICH</u> <u>d</u>	
		d. STREET ADDRESS (If rural, give location) *	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>SARAH</u> c. (Last) <u>ALLEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May</u> <u>24</u> <u>1953</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>June 5 1880</u>		9. AGE (In years last birthday) <u>73</u>		10. UNDER 1 YEAR Days <u>II</u> Hours <u>19</u> Min. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Charles Rhoning</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Allen</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Allen Urich</u> ADDRESS <u>Missouri</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u>			
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS: <u>042</u>			
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Lungs edematous with fluid stomach distended & full of water</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Spontane</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Shawnee Henry Mo.</u>	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11 06a., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Os 21 Clinton Mo</u>		23c. DATE SIGNED <u>5/24/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>May 27 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White Oak</u>	
				24d. LOCATION (City, town, or county) (State) <u>Henry County MO.</u>	

DATE REC'D BY LOCAL REG. <u>May 27 53</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		FUNERAL DIRECTOR'S SIGNATURE <u>FRED WILKINSON FUNERAL HOME</u>	
				(Licensed Embalmer's Statement on Reverse Side) <u>Clinton Mo.</u>	

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 _____
Student Embalmer

Signed F Lee Schabug

Licensed Embalmer No. 4523

P. O. Address. Clinton, N. Y.

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.