

# STANDARD CERTIFICATE OF DEATH

State File No. **30251**

FILED SEP 16 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **5823** Registrar's No. **30**

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>New Madrid-Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>New Madrid-Rural</b>	
c. LENGTH OF STAY (In this place) <b>13 Years</b>		d. STREET ADDRESS (If rural, give location) <b>R#1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Home</b>			

3. NAME OF DECEASED (Type or Print) <b>Charlev Harrison Allen</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sent. 4, 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 22, 1873</b>
9. AGE (In years last birthday) <b>82</b>		10. MONTHS <b>4</b>	11. DAYS <b>12</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	
11. BIRTHPLACE (State or foreign country) <b>Johnson Co. Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>William Allen</b>	13b. MOTHER'S MAIDEN NAME <b>-----</b>	14. NAME OF HUSBAND OR WIFE <b>-----</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Wm. R. ...</b>	ADDRESS <b>-----</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>(Sanility) Hypostatic Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bilateral BronchoPneumonia</b>		
	DUE TO (c) <b>-----</b>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>-----</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>491 X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 **Aug 28, 1955**, to **Sept 4, 1955**, that I last saw the deceased alive on **Sept 4, 1955**, and that death occurred at **5:10 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Orville B. Chandler MD.</b>	23b. ADDRESS <b>New Madrid, Mo</b>	23c. DATE SIGNED <b>9/10/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6 Sept 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>New Madrid, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>10 Sept 55</b>	REGISTRAR'S SIGNATURE <b>Johnny L. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Richard ...</b>	ADDRESS <b>New Madrid</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED SEP 15 1955  
NEW MADRID CO. HEALTH CENTER  
P. J. S.

**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 Henry L. Albrecht

Licensed Embalmer No. 4886

P. O. Address New Madrid, 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.