

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20470

State File No. \_\_\_\_\_

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

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FILED JUL 15 1949

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>224</u>	
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>SEDALIA</u>		c. LENGTH OF STAY (in this place) <u>Lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SEDALIA</u>		d. STREET ADDRESS (If rural, give location) <u>405 West 7th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>405 West 7th</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>July 8 1949</u>			
3. NAME OF DECEASED (Type or Print) <u>EDWARD</u>		a. (First)		b. (Middle) <u>HERMAN</u>		c. (Last) <u>ALLEN</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan 10 1873</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Motorman &amp; Chauffeur</u>		11. BIRTHPLACE (State or foreign country) <u>Otterville, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Motorman &amp; Chauffeur</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City Light &amp; Tract.</u>		11. BIRTHPLACE (State or foreign country) <u>Otterville, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Clinton Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Kay Kendall</u>		14. NAME OF HUSBAND OR WIFE <u>Daisy Virginia</u>			
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>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Cecil K. Smith, 405 W 7th Sedalia</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Dilatation</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hr.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <u>Myocarditis chronic</u>					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c)					
		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)		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 <u>7-8</u> , 19 <u>49</u> , to <u>7-8</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7-8</u> , 19 <u>49</u> , and that death occurred at <u>4A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. J. W. Yeager M.D.</u>				23b. ADDRESS <u>Sedalia, Mo.</u>		23c. DATE SIGNED <u>7-9-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9 July 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-9-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Keckhart</u>		ADDRESS <u>Sedalia Mo</u>	

RECEIVED JUL 11  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 7-14-49

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 Frank S. Coffman Jr

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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.