

FILED NOV 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36642

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY OR TOWN <u>Excelsior Springs</u>		c. CITY OR TOWN <u>Excelsior Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>523 Regent Street</u>		d. STREET ADDRESS (If rural, give location) <u>523 Regent Street's</u>	
3. NAME OF DECEASED (Type or Print) <u>MINERVA ELIZABETH ALLEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1 - 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 11, 1863</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	9. AGE (In years last birthday) <u>86</u>
11. BIRTHPLACE (State or foreign country) <u>Caldwell Co - Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Stephen M. Langford</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Sophie Glover</u>	
14. NAME OF HUSBAND OR WIFE <u>John Robinson Allen</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ray Roberts Lawson</u>	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Arteriosclerosis with Cardio Renal Vascular disease</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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>14.5 X</u>	
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) <u>Excelsior Springs Clay Mo.</u>		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>Oct 20, 1949</u> to <u>Nov 1, 1949</u> , that I last saw the deceased alive on <u>Oct 30, 1949</u> , and that death occurred at <u>6 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Walter E. Buehler M.D.</u>		23b. ADDRESS <u>Lawson Mo.</u>	
23c. DATE SIGNED <u>Nov 2, 1949</u>		24. NAME OF CEMETERY OR CREMATORY <u>Barnesville Cemetery</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 3 1949</u>	
24c. LOCATION (City, town, or county) (State) <u>Clinton County Mo.</u>		24d. DATE REC'D BY LOCAL REG. <u>11/2/49</u>	
REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Lawson</u>	
ADDRESS <u>62</u>		ADDRESS <u>Funeral Home Mo</u>	

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

RECEIVED

NOV 15

District Health Officer No. 8,

District File Number

Date Filed

11-18-20

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

*Lance R. Jarman*

Licensed Embalmer No.

4589

P. O. Address

*Excelsior Springs*

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.