

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1950

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3177 Registrar's No. 3

0495

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	
c. LENGTH OF STAY (In this place) 60 Year			
d. FULL NAME OF HOSPITAL OR INSTITUTION 113 E. Daugherty		d. STREET ADDRESS (If rural, give location) 113 E. Daugherty	

3. NAME OF DECEASED (Type or Print)	a. (First) Edward	b. (Middle) David	c. (Last) Allen	4. DATE OF DEATH (Month) (Day) (Year) Jan. 9, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 31, 1872	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 8	IF UNDER 60 MIN. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Independence, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME David Allen	13b. MOTHER'S MAIDEN NAME Mary Hultz	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Fred Allen	ADDRESS 31 S. Oronogo, Webb City
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza - Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		480X	

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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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?
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22. I hereby certify that I attended the deceased from Jan 7, 1950, to Jan 9, 1950, that I last saw the deceased alive on Jan 7, 1950, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE R. M. Stormont, M.D.	(Degree or title)	23b. ADDRESS Webb City, Mo.	23c. DATE SIGNED 1/11/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 12, 1950	24c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery	24d. LOCATION (City, town, or county) (State) Carterville, Mo.
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DATE REC'D BY LOCAL REG. Jan 12/50	REGISTRAR'S SIGNATURE D. P. Stetson, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce-Simpson	ADDRESS Webb City, Mo.
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RECEIVED 1-24-50
Jasper County Health Office

County File Number 50-1-3

Date Filed 1-24-50

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.