

FILED JUN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17113**
Registrar's No. **283**

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2004**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Kansas b. COUNTY Cherokee	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Galena	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John Hospital		d. STREET ADDRESS (If rural, give location) 706 E 6th St	

3. NAME OF DECEASED (Type or Print) a. (First) Nora b. (Middle) Elizabeth c. (Last) Allen			4. DATE OF DEATH (Month) (Day) (Year) June 6 50			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 27 1870	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME No record	13b. MOTHER'S MAIDEN NAME Fannie Curtis	14. NAME OF HUSBAND OR WIFE U.S. Grant Allen
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME: Fannie Curtis	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 5 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Atherosclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4200

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)
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 **Apr**, 1950, to **June 6**, 1950, that I last saw the deceased alive on **June 6**, 1950, and that death occurred at **9:00 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE Charles Davis M.D. (Degree or title)	23b. ADDRESS Galena Kans	23c. DATE SIGNED 6-8-50
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24a. BURIAL, CREMATION, OR OTHER DISPOSITION Removal	24b. DATE 6-7-50	24c. NAME OF CEMETERY OR CREMATORY Hill Crest	24d. LOCATION (City, town, or county) (State) Galena Kans
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DATE REC'D BY LOCAL REG. June 10 1950	REGISTRAR'S SIGNATURE Edw. James	25. FUNERAL DIRECTOR'S SIGNATURE Protect Funeral Home ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

495
0

RECEIVED 6-12-50
Jasper County Health Office

County File Number 50-6-167

Date Filed 6-12-50

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.

Signed Harvey Newman

Signed _____
Student Embalmer

Licensed Embalmer No. 2067 Hans

P. O. Address Galena, Ill.

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.