

No. 300  
10.48

FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43978

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 5054 Registrar's No. 2

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY Barry			a. STATE Missouri b. COUNTY Barry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - White River Life		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - White River		d. STREET ADDRESS (If rural, give location) 15 miles north of Berryville, Ark.
d. FULL NAME OF HOSPITAL OR INSTITUTION 15 miles north of Berryville, Ark.			d. STREET ADDRESS (If rural, give location) 15 miles north of Berryville, Ark.		

3. NAME OF DECEASED (Type or Print) BLAKE (NONE) ALLEN			4. DATE OF DEATH MAY 1, 1950		
a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED widowed	8. DATE OF BIRTH about 1848	9. AGE (In years last birthday) about 102 years	IF UNDER 1 YEAR	IF UNDER 2 HRS.
					Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Tennessee	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Heribert Allen	13b. MOTHER'S MAIDEN NAME Jane Glover	14. NAME OF HUSBAND OR WIFE Sarah 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 John Allen - Wichita, Kans.	ADDRESS
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18. CAUSE OF DEATH	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		1 year
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	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.		43411

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 May 3, 1950, to Apr. 19, 1950, that I last saw the deceased alive on Apr. 19, 1950, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE E. E. McDaniel, M.D.	(Degree or title)	23b. ADDRESS Cassville, Mo.	23c. DATE SIGNED 5-8-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-4-50	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive cemetery	24d. LOCATION (City, town, or county) Barry Co., Mo.
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DATE REC'D BY LOCAL REG. 4-9-51	REGISTRAR'S SIGNATURE Mrs. Gene Hudson	25. FUNERAL DIRECTOR'S SIGNATURE Charles Nelson - Berryville, Ark.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED APR 14 1951

Dist. File 451-790

Date Filed 4-14-51

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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 Charles Nelson

Licensed Embalmer No. sub 815

P. O. Address Berryville, Ark.

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.