No. 300
10.48

FILED FEB 26 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5151

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Warrensburg
c. LENGTH OF STAY (In this place) 7 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Warrensburg Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Texas
b. COUNTY Fannin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Honey Grove Texas 8428
d. STREET ADDRESS (If rural, give location) Honey Grove Tex.

3. NAME OF DECEASED (Type or Print) a. (First) Rebecca b. (Middle) c. (Last) Allen

4. DATE OF DEATH (Month) (Day) (Year) Feb. 14 1951

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Mar. 28 1883
9. AGE (In years last birthday) 67 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) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Hope Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unkowm
14. NAME OF HUSBAND OR WIFE Henry J Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME H. H. Allem Warrensburg Mo. ADDRESS

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 4 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes mellitus — 1 year
~~DUE TO (c)~~ and Cardiac decompensation — 6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death fracture left hip 260XF — 30 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home 116 W Tonn
21c. (CITY, TOWN, OR TOWNSHIP) Warrensburg (COUNTY) Johnson (STATE) Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 - 7 51 10:00 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? slipping my at home

22. I hereby certify that I attended the deceased from Sept. 4, 1950, to Feb. 14, 1951, that I last saw the deceased alive on Feb. 14, 1951, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE [signature] Warrensburg Mo (Degree or title)
23b. ADDRESS Warrensburg Mo
23c. DATE SIGNED 2-15-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Feb. 15 1951
24c. NAME OF CEMETERY OR CREMATORY Oak Wood Cem.
24d. LOCATION (City, town, or county) Honey Grove Texas (State)

DATE REC'D BY LOCAL REG. Feb. 15, 1951
REGISTRAR'S SIGNATURE Savannah Mitchfield 147
25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips, Warrensburg Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
FEB 20 1951
JOHNSON COUNTY HEALTH DEPT.

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 J. Earl Prust.

Licensed Embalmer No. 3878

P. O. Address Warrensburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.