

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12107**

BIRTH NO. _____		REG. DIST. NO. <u>104</u>		PRIMARY REG. DIST. NO. <u>4176</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Malden</b>		c. LENGTH OF STAY (In this place) <b>10 Years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Malden</b>		<b>8351</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City</b>				d. STREET ADDRESS (If rural, give location) <b>City</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Osby</b>			b. (Middle)			c. (Last) <b>Allen</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>May 2 1951</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>Black</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Feb 17, 1898</b>		9. AGE (In years last birthday) <b>53</b>		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) <b>Day Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Labor</b>		11. BIRTHPLACE (State or foreign country) <b>Colt Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Allen</b>		13b. MOTHER'S MAIDEN NAME <b>Hattie Collins</b>		14. NAME OF HUSBAND OR WIFE <b>Lela Allen</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>703-05-6009</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lela Allen</b>		ADDRESS <b>Malden, Mo.</b>	
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) <b>Coronary artery disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerosis and chronic bronchitis</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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>2/17, 1949</u> , to <u>7/20, 1951</u> , that I last saw the deceased alive on <u>5/21, 1951</u> , and that death occurred at <u>11p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. B. Acharms</b> (Degree or title)				23b. ADDRESS <b>Malden, Mo</b>		23c. DATE SIGNED <b>6/2/51</b>	
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 7, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff Mo</b>	
DATE REC'D BY LOCAL REG. <b>May 3, 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Acharms</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Day Funeral Home</b>		ADDRESS <b>Malden, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 5-8-51  
COUNTY FILE NUMBER 551-153

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. E. Schuman

Licensed Embalmer No. 4086

P. O. Address 50 Maiden

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.