

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3964

State File No. ....

FILED FEB 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>	
c. LENGTH OF STAY (In this place) <u>7 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>501 Anderson Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>501 Anderson Ave.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>	b. (Middle) <u>A.</u>	c. (Last) <u>Allen</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 10, 1870</u>	9. AGE (In years last birthday) <u>81</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Banker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Bank</u>	11. BIRTHPLACE (State or foreign country) <u>Indianola, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Francis M. Allen</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Allen</u>	14. NAME OF HUSBAND OR WIFE <u>Maude Porter Allen</u>
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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) <u>No.</u>	16. SOCIAL SECURITY NO. <u>-----</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Horace Allen</u> ADDRESS <u>Columbia, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive heart disease</u>		
	ANTECEDENT CAUSES Morbidity 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.			

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) (Min.)	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 June 1950 to Feb. 22, 1952, that I last saw the deceased alive on Feb 21, 1952, and that death occurred at 3:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ronald P. Ladenson MD</u>	23b. ADDRESS <u>16 S. 10th Columbia</u>	23c. DATE SIGNED <u>2-23-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 24, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Butler</u>	24d. LOCATION (City, town, or county) (State) <u>Butler, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb 23, 1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmatier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Willetts Funeral Home</u> ADDRESS <u>Columbia, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 14 1958

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, \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Student Embalmer

Signature

*James H. Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, 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.