

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7203

State File No.

No. 300
10.48

FILED MAR 17 1952

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5000 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Benton Twp.</u>	c. LENGTH OF STAY (in this place) <u>14 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u> <u>0013</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kirkville, R. R. #2</u>		d. STREET ADDRESS (If rural, give location) <u>2214 S. Halliburton</u> <u>/</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>John</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Allen</u>	(Month) <u>Mch.</u>	(Day) <u>8,</u>	(Year) <u>1952</u>

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>June 6, 1870</u>	9. AGE (In years last birthday) <u>81</u>	10. UNDER 1 YEAR <u>0</u>	11. UNDER 1 YEAR <u>0</u>	12. UNDER 1 MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Adair Co., Mo.</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>James Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Lousia Allen</u>		14. NAME OF HUSBAND OR WIFE <u>Hannah Smith</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Hannah Allen, Kirkville, Mo</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>				<u>1 week.</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
ANTECEDENT CAUSES	DUE TO (b) <u>Influenza</u>			<u>2 weeks.</u>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Cardio-vascular renal syndrome</u>			<u>20 years.</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>480X</u>			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 March 7, 1952 to March 8, 1952 that I last saw the deceased alive on Men. 8, 1952, and that death occurred at 4:40 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Howard E. Gross, D.O.</u>	23b. ADDRESS <u>Kirkville, Mo.</u>	23c. DATE SIGNED <u>3-9-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/10/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ownbey</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-10-52</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jane M. Riley, Kirkville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Heath Collier*

Licensed Embalmer No. 3632

P. O. Address Kirksville, 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.