

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19821**
Registrar's No. **21**

FILED JUL 5 1952
BIRTH NO. **724-34714** REG. DIST. NO. **68** PRIMARY REG. DIST. NO. **4119**

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) Ozark		c. CITY (If outside corporate limits, write RURAL and give township) Ozark	
c. LENGTH OF STAY (in this place) 4 Days		d. STREET ADDRESS (If rural, give location) Hagnewood	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hagnewood Hos.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Clay	b. (Middle) Roy	c. (Last) Allen	(Month) April	(Day) 6	(Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH April 3, 1952	9. AGE (In years last birthday)	10. MONTHS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Clay Henry Allen	13b. MOTHER'S MAIDEN NAME Alice Richards	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Clay Henry Allen, Springfield, Mo.		

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 48 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth		
	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 7695	
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)	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 **April 3, 1952**, to **April 6, 1952**, that I last saw the deceased alive on **Apr 6, 1952**, and that death occurred at **3:30pm**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. B. Chaffin M.D.	23b. ADDRESS Ozark Mo	23c. DATE SIGNED 4-7-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 7, 52	24c. NAME OF CEMETERY OR CREMATORY Highlandville Cemetery
24d. LOCATION (City, town, or county) (State) Highlandville, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE T. B. Chaffin
DATE REC'D BY LOCAL REG. 6/12-1952	REGISTRAR'S SIGNATURE Luetta Leonard	ADDRESS Ozark, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48
220
0

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 F. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Dyers, 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.