

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42743

State File No. ....

LED DEC 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5665 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lewis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Steffenville</u>		c. LENGTH OF STAY (In this place) <u>Entire life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Steffenville</u>		d. STREET ADDRESS (If rural, give location) <u>Salem Township</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Salem Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>Salem Township</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Gilbert</u> c. (Last) <u>Allen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21, 1952</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 4, 1873</u>		9. AGE (In years last birthday) <u>79</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banker</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Steffenville, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Albert Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Antrim</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Ward Allen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>48618-7375A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frances Hood</u>	
				ADDRESS <u>Lairwin, Ill.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis of Postobese</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>fatigued with overwork</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>9 hours</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>177X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 10, 1951 to December 19, 1952, that I last saw the deceased alive on Dec 20, 1952, and that death occurred at 12:32 PM from the causes and on the date stated above.

23a. SIGNATURE <u>A. S. Coates M.D.</u>		(Degree or title)		23b. ADDRESS <u>La Belle, Mo</u>	
23c. DATE SIGNED <u>12-22-52</u>		24a. BURIAL, CREMATION-REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 23-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Steffenville</u>		24d. LOCATION (City, town, or county) (State) <u>In Steffenville Mo</u>			

DATE REC'D BY LOCAL REG. <u>12-24-52</u>		REGISTRAR'S SIGNATURE <u>P.W. Jennings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ball</u>	
				ADDRESS <u>Ewing, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

564  
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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 \_\_\_\_\_

*R. M. Crabell*

Student Embalmer No. *450*

working under my personal supervision.

Student *R. M. Crabell*  
Student Embalmer

Signed *Thomas Ball*

Licensed Embalmer No. *1744*

P. O. Address *Ewing, 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.