FILED JAN 19 1953

No. 300
10.48

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

DR. HANSS

State File No. 1001

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 39

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

**1. PLACE OF DEATH**
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD
c. LENGTH OF STAY (in this place): 15 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOHN HOSP.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: GREENE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD 0396
d. STREET ADDRESS (If rural, give location): 2040 W. WALNUT

**3. NAME OF DECEASED** (Type or Print)
a. (First): OTHEL
b. (Middle): JEROME
c. (Last): ALLEN

**4. DATE OF DEATH** (Month) (Day) (Year): JAN. 13, 1953

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: AUG. 27, 1909
**9. AGE** (In years last birthday): 43 — 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): TRUCK DRIVER
**10b. KIND OF BUSINESS OR INDUSTRY**: TRUCK DRIVER
**11. BIRTHPLACE** (City and State or Foreign Country): WESTERN GROVE, ARKANSAS
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: FRANKLIN P. ALLEN
**13b. MOTHER'S MAIDEN NAME**: MYRTLE RUNNELLS
**14. NAME OF HUSBAND OR WIFE**: NETTIE ALLEN

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
**16. SOCIAL SECURITY NO.**: UNKNOWN
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: MRS. NETTIE 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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: Sev. days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Rheumatic Heart Dis — Sev. yrs.
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**: 4/16X
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 1-6, 1953, *to* 1-13, 1953 *that I last saw the deceased alive on* 1-12, 1953 *and that death occurred at* 6140a.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): A. W. Hanss M.D.
**23b. ADDRESS**: Springfield, Mo.
**23c. DATE SIGNED**: 1-14-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: 1/15/53
**24c. NAME OF CEMETERY OR CREMATORY**: ROGERS CEMETERY
**24d. LOCATION** (City, town, or county) (State): ROGERS, ARKANSAS

**DATE REC'D BY LOCAL REG.**: 1-15-53
**REGISTRAR'S SIGNATURE**: Edith Williamson Deputy Registrar
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: H.H. LOHMEYER SPRINGFIELD, MO.

(Licensed Embalmer's Statement on Reverse Side)

MAY 12 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, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student .....
Student Embalmer

Signed R L McOwen

Licensed Embalmer No. 2727

P. O. Address Springfield 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.