

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21165

State File No.

FILED JUN 29 1953

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>		c. CITY OR TOWN <u>Salem</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>YEARS</u>		• STREET ADDRESS (If rural, give location) <u>West Salem 030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home W. Salem.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hella</u> b. (Middle) <u>JANE</u> c. (Last) <u>Allen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 22, 1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>	8. DATE OF BIRTH <u>Nov. 15, 1863</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Keeper</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>J.R. Piper</u>		13b. MOTHER'S MAIDEN NAME <u>TERESSA McCondra</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Allen</u>	
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. RALPH MASON, St. Louis, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs.</u>
	ANTECEDENT CAUSES Morbid 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 <u>4200</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) m.	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 I-22-46, 1946, to 6-22-53, 1953, that I last saw the deceased alive on 6-22-53 and that death occurred at 12:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Salem, Mo.</u>	23c. DATE SIGNED <u>6-23-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 24, 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Salem, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-24-53</u>	REGISTRAR'S SIGNATURE <u>M. M. Hart, Jr.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Salem, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~by~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Marshall E. Blackwell*.....

Licensed Embalmer No. *471*.....

P. O. Address *Salem, Vt.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.