

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34998
State File No. *286*

FILED NOV 9 - 1953

BIRTH NO. *648-68418* REG. DIST. NO. *38* PRIMARY REG. DIST. NO. *3006* Registrar's No. *286*

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

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Boone | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia | | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN Columbia |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital | | e. STREET ADDRESS (If rural, give location) 307 Sanford Ave. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) NELLDORA | | b. (Middle) ANN | |
| c. (Last) ALLEN | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 30, 1953 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0 | 8. DATE OF BIRTH Oct. 28, 1953 |
| 9. AGE (In years last birthday) 2 | | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Columbia, Missouri. 0 |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Payton Allen | |
| 13b. MOTHER'S MAIDEN NAME Barbara Tellmann | | 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) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Payton Allen, Columbia, Mo. |
| 17. ADDRESS | | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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> | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) atelectasis, Congenital | | INTERVAL BETWEEN ONSET AND DEATH From Birth | |
| ANTECEDENT CAUSES | | DUE TO (b) malformation of lungs | |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) Child could survive a few minutes without oxygen | |
| 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 | 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) 7620 | (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 Birth 1953, to Oct 30, 1953 , that I last saw the deceased alive on Oct 30, 1953 , and that death occurred at 9:00P m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE [Signature] | | 23b. ADDRESS 208 Exchange Bldg Columbia Mo | |
| 23c. DATE SIGNED 10/30/53 | | 23d. LOCATION (City, town, or county) (State) | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Oct. 31, 1953 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | 24d. LOCATION (City, town, or county) (State) Columbia, Missouri. |
| DATE REC'D BY LOCAL REG. Nov 2 1953 | REGISTRAR'S SIGNATURE Mrs R E Palmer | FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service, Columbia, Mo | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John Phillips*.....

Licensed Embalmer No. *4897*.....

P. O. Address *Columbia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.