

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39608**

FILED NOV 23 1953

BIRTH NO. _____ REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **5650** Registrar's No. **112**

5550

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

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, write RURAL and give township) VERONA		c. CITY (If outside corporate limits, write RURAL and give township) VERONA, Mo. 6550	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) North of VERONA	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home Springs River View			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) GEORGE	b. (Middle)	c. (Last) ALLEN	(Month) (Day) (Year) Oct. 29 1953

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Aug. 3, 1868	9. AGE (In years, months, days, hours, minutes) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED	11. BIRTHPLACE (State or foreign country) LAWRENCE COUNTY, MO.	
12. CITIZENSHIP OF WHAT COUNTRY? USA				

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
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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 AND NAME GROVER WELDY	ADDRESS VERONA, MO.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Circulatory Failure.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Decompensated Hypertensive Heart Disease. DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 2, 1953**, to **Oct 29, 1953**, that I last saw the deceased alive on **Oct 28, 1953**, and that death occurred at **5:35 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. Avery Watson, D.O.	23b. ADDRESS Verona, Mo.	23c. DATE SIGNED Nov 2, 1953
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24a. BURIAL, CREMATION, OR REMOVAL OF BODY	24b. DATE Nov. 1, 1953	24c. NAME OF CEMETERY OR CREMATORY LEE CEMETERY	24d. LOCATION (City, town, or county) (State) LAWRENCE, MO.
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DATE REC'D BY LOCAL REG. Nov. 17, 1953	REGISTRAR'S SIGNATURE Dora Mcnatt	25. FUNERAL DIRECTOR'S SIGNATURE Oliver L. Marsh	ADDRESS Verona, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Myself

Student Embalmer No. _____

working under my personal supervision

Student

Student Embalmer

Signed *Oliver L. Marsh*

Licensed Embalmer No. *3812*

P. O. Address *Lurore 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.