

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7574**

BIRTH NO. **FILED FEB 24 1954** REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **6241** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY <i>Washington</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Washington</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Breton Park</i>	c. LENGTH OF STAY (in this place) <i>6 mo.</i>	c. CITY OR TOWN <i>Rural</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <i>Mar Pateri</i>		e. STREET ADDRESS (If rural, give location) <i>Mar Pateri</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>James</i> b. (Middle) <i>E.</i> c. (Last) <i>Allen</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Feb 17 1954</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>July 31 1907</i>	9. AGE (In years last birthday) <i>46</i>	10. CITIZENSHIP <i>U.S.A.</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Madison Co. Mo.</i>	

13a. FATHER'S NAME <i>William J. Allen</i>	13b. MOTHER'S MAIDEN NAME <i>Charlottie Spitzmuller</i>	14. NAME OF HUSBAND OR WIFE <i>Martha Allen</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>445-12-3278</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Martha Allen Pateri</i>	
		ADDRESS <i>Mo.</i>	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchial Pneumonia</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>following for 7 years of Paralytic Giltans</i> 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	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) (COUNTY) (STATE) <i>350 X</i>
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?

22. I hereby certify that I attended the deceased from *1948* to *2/17, 1954*, that I last saw the deceased alive on *2/17, 1954*, and that death occurred at *9:40 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>H. F. Creswell M.D.</i>	23b. ADDRESS <i>Pateri Mo.</i>	23c. DATE SIGNED <i>2/23/54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>2-20-54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Sunset Hills Cem.</i>
24d. LOCATION (City, town, or county) (State) <i>Washington Co. Mo.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Mr. Luther Spoke Pateri</i>	
DATE REC'D BY LOCAL REG. <i>2/23/54</i>	REGISTRAR'S SIGNATURE <i>Herbert Wald</i>	ADDRESS <i>Mo.</i>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

FEB 23 1954

WASH. COUNTY HEALTH DEPT.

No. _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by _____, Student Embalmer No. _____

working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Murphy L. Spar*

Licensed Embalmer No. _____

P. O. Address *Slack*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.