

14877

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 17 1954

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 133

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| 1. PLACE OF DEATH<br>a. COUNTY<br><u>Boone</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><u>Missouri</u> b. COUNTY<br><u>Boone</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN<br><u>Columbia</u> |  | c. CITY OR TOWN<br><u>Columbia</u>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place)  |  | e. STREET ADDRESS (If rural, give location)<br><u>900 Conley Ave.</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>900 Conley Ave.</u>                                  |  |  |  |

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|--|----------------------------------|--|--|--|---|
| 3. NAME OF DECEASED<br>(Type or Print)   |                                  |  | 4. DATE OF DEATH   |  |   |
| a. (First)<br><u>ROBERT</u>  | b. (Middle)<br><u>REDDICK</u>    | c. (Last)<br><u>ALLEN</u>  | (Month)<br><u>May</u>  | (Day)<br><u>6</u>                            | (Year)<br><u>1954</u>                         |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Never Married</u> | 8. DATE OF BIRTH<br><u>Dec. 31, 1879</u>   | 9. AGE (In years last birthday)<br><u>74</u> | IF UNDER 1 YEAR<br>Months<br>Days             |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Stewart of Eagles Club</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Farmville, Virginia</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME<br><u>Edward A. Allen</u>  | 13b. MOTHER'S MAIDEN NAME<br><u>Priscilla Saunders</u> | 14. NAME OF HUSBAND OR WIFE<br>_____                                       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>490-07-1262</u>          | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Edward T. Allen, Columbia, Mo.</u> |

|   |   |                  |  |
|---|---|------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |                  | INTERVAL BETWEEN ONSET AND DEATH<br><u>immediate</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion (probable)</u> |                  |  |
| ANTECEDENT CAUSES   |   | DUE TO (b) _____ |  |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |   | DUE TO (c) _____ |  |
| II. OTHER SIGNIFICANT CONDITIONS  |   | _____            |  |
| Conditions contributing to the death but not related to the disease or condition causing death.   |   | <u>4201</u>      |  |

|  |  |   |
|--|--|---|
| 19a. DATE OF OPERATION                             | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?<br>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)                                     |
| 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 May 6, 1954, to May 6, 1954, that I last saw the deceased alive on May 6, 1954, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

|   |                                    |  |
|---|------------------------------------|--|
| 23a. SIGNATURE (Type or title)<br><u>James H. Allen MD</u>                  | 23b. ADDRESS<br><u>Columbia Mo</u> | 23c. DATE SIGNED<br><u>5-8-54</u>                              |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                  | 24b. DATE<br><u>May 8, 1954</u>    | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Columbia Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State)<br><u>Columbia, Missouri.</u> |                                    |  |

|   |   |  |                                 |
|---|---|--|---------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>May 8 1954</u> | REGISTRAR'S SIGNATURE<br><u>Mrs R.E. Palmer</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Parsons Funeral Service</u> | ADDRESS<br><u>Columbia, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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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.....  
Signature of Student Embalmer

Signed *H. W. P. Phelan*.....

Licensed Embalmer No. *389*

P. O. Address *Columbia*

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.