

FILE JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **14915**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>526</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>California</u> b. COUNTY <u>San Bernardino</u>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>San Redlands</u>		
c. LENGTH OF STAY (If in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>1714 Clay St.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>214 E. Kansas Ave.</u>		8040 8		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nathan</u>		b. (Middle) <u>Bruce</u>		c. (Last) <u>Allen</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>May 20, 1954</u>		5. SEX <input checked="" type="radio"/> Male <input type="radio"/> Female		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Feb. 3, 1954</u>
9. AGE (In years last birthday) <u>0</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		11. BIRTHPLACE (State or foreign country) <u>San Bernardino Calif.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Harry Lee Allen</u>		
13b. MOTHER'S MAIDEN NAME <u>Viola Mae Staten</u>		14. NAME OF HUSBAND OR WIFE <u>none</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 <u>Viola Mae Allen</u> ADDRESS <u>1714 Clay St. San Bernardino Cal.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cold, and Gastro-intestinal Disturbance</u> DUE TO (c) <u>491X</u> 3 day II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Baby died suddenly following a cold, difficulty breathing and swallowing.</u>		
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)
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 <u>on 5/20 1954</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>H. F. Mundy MD (Coroner)</u>		23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>5/21/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/22/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillside Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Redlands Calif.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Clark</u> ADDRESS <u>Clark Funeral Home St. Joseph, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>May 26, 1954</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> 4:35		

(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, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Earna Clark*

Licensed Embalmer No. 4238

P. O. Address St Joseph

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.