

20099

STANDARD CERTIFICATE OF DEATH

FILED JUL 7 1954

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS b. CITY OR TOWN ST. FRANCOIS c. LENGTH OF STAY 5 days 2. USUAL RESIDENCE a. STATE MISSOURI b. COUNTY STE. GENEVIEVE c. CITY OR TOWN d. In Residence within limits of a city or incorporated town? Yes No

3. NAME OF DECEASED a. (First) WILLIAM b. (Middle) THOMAS c. (Last) ALLEN 4. DATE OF DEATH (Month) (Day) (Year) JUNE 28, 1954

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH AUG. 13, 1871 9. AGE (In years last birthday) 82 10 UNDER 1 YEAR 10 1 YEAR 15 10 UNDER 1 HR. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) MISSOURI Howell County 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ARCHLESS VERNON ALLEN 13b. MOTHER'S MAIDEN NAME SARAH JANE BOYD 14. NAME OF HUSBAND OR WIFE IONA ORLENA EVANS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? NO. 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME Mrs. Norman Watts, Farmington, Mo. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis INTERVAL BETWEEN ONSET AND DEATH 5 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) upper abdominal peritonitis; 5 days 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 NO X

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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 22, 1954, to June 28, 1954, that I last saw the deceased alive on June 28, 1954, and that death occurred at 2:01 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul P. Edger, D.O. 23b. ADDRESS Farmington Mo 23c. DATE SIGNED 6-28-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 30, 1954 24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill 24d. LOCATION (City, town, or county) (State) Near Farmington, Mo.

DATE REC'D BY LOCAL REG. JUNE 28, 1954 REGISTRAR'S SIGNATURE Esther Rudloff 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cozean Farmington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

No. 300 10.48

40 0 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.....
Signature of Student Embalmer

Signed..... *C. H. Cozart*

Licensed Embalmer No... *408*

P. O. Address *Farmington*

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.