No. 300
10-48

FILED JUL 29 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

23727

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5787 Registrar's No. 29

**1. PLACE OF DEATH**
a. COUNTY Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Charleston
c. LENGTH OF STAY (in this place) 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Box 160 R.F.D. # 2

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Charleston 0670
d. STREET ADDRESS (If rural, give location) Box 160 R.F.D. # 2 0

**3. NAME OF DECEASED** (Type or Print)
a. (First) Jim
b. (Middle)
c. (Last) Allen

**4. DATE OF DEATH** (Month) (Day) (Year) 6--14-- 54

**5. SEX** Male 2
**6. COLOR OR RACE** Negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widow 2
**8. DATE OF BIRTH** March 20 1888
**9. AGE** (In years last birthday) 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Farming
**10b. KIND OF BUSINESS OR INDUSTRY** truck farm
**11. BIRTHPLACE** (State or foreign country) Sikeston Missouri 0
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Sam Allen
**13b. MOTHER'S MAIDEN NAME** Betsy Carold
**14. NAME OF HUSBAND OR WIFE** not known

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) no (If yes, give war or dates of service) ----------
**16. SOCIAL SECURITY NO.** not known
**17. INFORMANT'S SIGNATURE OR NAME** Raymond Russell ADDRESS 233-30th St. Cairo Ill.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemmorhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension & anemia — 2-3 months
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** 331X
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 5-31, 1954, *to* 6-14, 1954, *that I last saw the deceased alive on* 6-7, 1954, *and that death occurred at* 7:30 Pm., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) William L. Davis MD
**23b. ADDRESS** Charleston Mo
**23c. DATE SIGNED** 6-29-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** 6/20/54
**24c. NAME OF CEMETERY OR CREMATORY** Oak Grove
**24d. LOCATION** (City, town, or county) (State) Charleston Missouri

**DATE REC'D BY LOCAL REG.** 7-1-54
**REGISTRAR'S SIGNATURE** Jean Hearne 489
**25. FUNERAL DIRECTOR'S SIGNATURE** Carleton S. Donaldson ADDRESS Cairo Ill.

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 24 RE

RECEIVED
Miss. Co. Health
County File No.
Date Filed JUL 27

JUL 2

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 Carlotos S. Donaldson

Licensed Embalmer No. 4935

P. O. Address Cairo Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.