

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

26112

State File No.

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>4552</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MTN. GROVE.</u>		c. LENGTH OF STAY (in this place) <u>6 MONTH</u>		c. CITY OR TOWN <u>MTN GROVE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>114!</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GEORGE WASHINGTON NORTHGATE MAPLE ELLEN</u>				e. STREET ADDRESS (If rural, give location) <u>914 N. MAPLE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE WASHINGTON</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>ALLEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 10 1954</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 11, 1883</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Days <u>4</u>	IF UNDER 24 HRS. Hours <u>23</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HARTVILLE MO. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>SAMUEL ALLEN</u>			13b. MOTHER'S MAIDEN NAME <u>MARTHA PRESTON</u>		14. NAME OF HUSBAND OR WIFE <u>EMELINE HURT</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>***-**-****</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emeline Allen 207 N. Brown</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, asthma, 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> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infirmities of old age</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</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) <u>491 X</u>			
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>July 5, 1954</u> , to <u>July 10, 1954</u> , that I last saw the deceased alive on <u>July 10, 1954</u> , and that death occurred at <u>5:30 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John H. Derby M.D.</u>				23b. ADDRESS <u>Mtn. Grove, Mo.</u>		23c. DATE SIGNED <u>7/11/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 12 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>WRIGHT CO. MO.</u>	
DATE REC'D BY LOCAL REG. <u>7-12-54</u>		REGISTRAR'S SIGNATURE <u>A.B. Ames</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rev. Barber Mtn. Grove Mo.</u>		ADDRESS _____	

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

(Licensed Embalmer's Statement on Reverse Side)

County File Number 24-28
Date Filed 7-24-54

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 *Reed Barb*

Licensed Embalmer No. 384

P. O. Address *city*

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.