

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8843

State File No.

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5762 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Marion - ⁰⁶⁹⁰ Paired Grove Sup.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MARION 0560</u>	
b. CITY OR TOWN <u>Nelsonville</u>	c. LENGTH OF STAY in this place (township) <u>1</u> <u>70 yrs.</u>	c. CITY OR TOWN <u>Nelsonville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nelsonville Mo.</u>		f. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ANNIE-MARY</u>	b. (Middle)	c. (Last) <u>ALLEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 27, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 15 - 1878</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Nelsonville</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>John T. Hutchinson</u>	13b. MOTHER'S MAIDEN NAME <u>Marceline Hutton</u>	14. NAME OF HUSBAND OR WIFE <u>Edw. Allen</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give no. or unknown) (If yes, give war or date of service) <u>710</u> <u>710</u>	16. SOCIAL SECURITY NO. <u>710</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edna Ingraham</u>	ADDRESS <u>Nelsonville Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral regurgitation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac decompensation</u> DUE TO (c)		<u>1 month</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>410X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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, 1949, to Mar 27, 1955, that I last saw the deceased alive on Mar. 22, 1955, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. C. E. Shriver</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Philadelphia MO</u>	23c. DATE SIGNED <u>3-28-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 31-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nelsonville</u>	24d. LOCATION (City, town, or county) (State) <u>Nelsonville Mo</u>
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DATE REC'D BY LOCAL REG. <u>3/28/55</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ball</u>	ADDRESS <u>Ewing, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED APR 1 1958
MARION CO. HEALTH DEPT.
DATE FILED APR 1 1958

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..... *Thomas Ball*

Licensed Embalmer No. *1744*

P. O. Address *Ewing, Mo*

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.