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FILED MAY 11 1955

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **12640**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3048** Registrar's No. **127**

<b>I. PLACE OF DEATH</b> a. COUNTY <b>Marion</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hannibal</b>		c. LENGTH OF STAY (in this place) <b>4 weeks</b>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Elizabeth Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>2516 Hope Street</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Roxie</b> b. (Middle) <b>Allen</b> c. (Last) <b>Allen</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>April 30, 1955</b>		
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>December 17, 1884</b>	<b>9. AGE</b> (In years last birthday) <b>70</b> IF UNDER 1 YEAR <b>4</b> Months IF UNDER 14 HRS. <b>13</b> Days <b>13</b> Hours <b>Min.</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>XX</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Rolls County Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U S A</b>

<b>13a. FATHER'S NAME</b> <b>George Wilson</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Helms</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>John W. Allen (dec. 6/9/49)</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>None</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Rev Wooten, Mexico Missouri</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>15 min</b> <b>26 da</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Antecedent Causes</b> <b>Respiratory Embolus</b> <b>thrombophlebitis</b>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>464x</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 4-5-1955 to 4-30-1955 that I last saw the deceased alive on 4-30-1955 and that death occurred at 3:00 Pm., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>R M Strong MD</b>	<b>23b. ADDRESS</b> <b>Hannibal Mo.</b>	<b>23c. DATE SIGNED</b> <b>5/4/55</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>5/3/1955</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mount Olivet</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Hannibal Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>5/4/55</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Wm Lucke Reg. H. Criswell</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Wm Lucke Reg. H. Criswell</b>	<b>ADDRESS</b> <b>Hannibal Missouri</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 9 1955  
MARION CO. HEALTH DEPT  
DATE FILED MAY 9 1955

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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 *H Crawford Smith*.....  
Licensed Embalmer No..... 50

P. O. Address Hannibal, Miss.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.