

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17081**

FILED MAY 29 1956

BIRTH NO. _____ REG. DIST. NO. **212** PRIMARY REG. DIST. NO. **3044** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY Miller 0661		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a. STATE Missouri b. COUNTY Miller 0661	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldon		c. CITY OR TOWN Eldon	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0
d. FULL NAME OF HOSPITAL OR INSTITUTION 414 W. Court St.		e. STREET ADDRESS (If rural, give location) 414 W. Court St.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) WESLEY	b. (Middle) CORBIN	c. (Last) ALLEN	Apr 28, 1956		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Jan. 11, 1864	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months 0 IF UNDER 2 HRS. Days 0 Hours 0 Mins. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Heating Engineer		10b. KIND OF BUSINESS OR INDUSTRY Engineer		11. BIRTHPLACE (City and State or Foreign Country) Morgan Co. Missouri 0	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Nathan Allen	13b. MOTHER'S MAIDEN NAME Caroline Bond	14. NAME OF HUSBAND OR WIFE Adeline Allen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Allen Eldon, Mo.

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 7 days 10 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic nephritis DUE TO (b) 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 592x		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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **Jan 1956**, to **April 28, 1956**, that I last saw the deceased alive on **7/27**, 19**54**, and that death occurred at **5:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) Post. E. Murrell, D.D.	23b. ADDRESS Eldon, Mo.	23c. DATE SIGNED 4/29/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 30-56	24c. NAME OF CEMETERY OR CREMATORY Eldon	24d. LOCATION (City, town, or county) (State) Eldon, Mo.
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DATE REC'D BY LOCAL REG. Apr. 30, 56	REGISTRAR'S SIGNATURE Edw. Annetta W. D...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Phillips Eldon
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAY 22 '56

Miller County
Health Department

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 *L. D. Phillips*.....

Licensed Embalmer No. *360*

P. O. Address *Edwards*.....

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.