

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21231**

FILED JUN 26 1956

BIRTH NO. 3984-56 REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 19-56

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission?) a. STATE <u>Mo</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Tuscumbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sherrard</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humphreys Osteopathic Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>R#1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>LEE</u> c. (Last) <u>ALLEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 10 1956</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>June 9, 1956</u>	9. AGE (In years last birthday) <u>16</u> <u>27</u> Months Days Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Tuscumbia, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Lloyd Allen</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Lee Whittaker</u>	14. NAME OF HUSBAND OR WIFE
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Anna Lee Whittaker Allen, Iberia, Mo</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Anoxia</u>		<u>16 hrs.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Respiratory failure</u> DUE TO (c) <u>Emphysema</u>		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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 9, 1956, to June 10, 1956, that I last saw the deceased alive on June 10, 1956, and that death occurred at 7:22 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. E. Humphreys, D.O.</u>	23b. ADDRESS <u>Tuscumbia, Missouri</u>	23c. DATE SIGNED <u>6-15-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-10-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Miller County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-16-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. H. E. Kallenbach</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>AT Shelton Shelton Union Cemetery</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**RECEIVED**

**JUN 18 1956**

**Müller 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 .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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