V.S. No. 300
Rev. 10.48

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

FILED SEP 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30120

BIRTH NO. _____ REG. DIST. NO. 6 5 PRIMARY REG. DIST. NO. 4112 Registrar's No. 4-1

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dalton,
c. LENGTH OF STAY (In this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 306 Ridge Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Chartion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dalton, 210
d. STREET ADDRESS (If rural, give location): 306 Ridge Street

3. NAME OF DECEASED (Type or Print)
a. (First): Birdie-Malilda
b. (Middle):
c. (Last): Allen

4. DATE OF DEATH (Month) (Day) (Year): Sept. 17, 1956

5. SEX: Female
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: May 2, 1883
9. AGE (In years last birthday): 73 — If under 1 year: Months 4, Days 15; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Dalton, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Bruce
13b. MOTHER'S MAIDEN NAME: Elizebath Tucker
14. NAME OF HUSBAND OR WIFE: deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Albertine Mann, Dalton, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteria Sclerosis — 10 yrs
DUE TO (c) Hypertension — 10 yrs

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: 332X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-4-, 1956, *to* Sept. 17, 1956, *that I last saw the deceased alive on* Sept. 17, 1956, *and that death occurred at* 6:50 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Power C. Rice M.D.
23b. ADDRESS: Brunswick Mo.
23c. DATE SIGNED: 9-20-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/20/56
24c. NAME OF CEMETERY OR CREMATORY: Dalton, Missouri
24d. LOCATION (City, town, or county) (State): Dalton, Missouri

DATE REC'D BY LOCAL REG.: 9-20-56
REGISTRAR'S SIGNATURE: Mildred Brown
25. FUNERAL DIRECTOR'S SIGNATURE: George H. Green
ADDRESS: Marshall Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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 _____
Student Embalmer

Signed George H. Green

Licensed Embalmer No. 4220

P. O. Address Marshall, 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 this body is not embalmed, fact should be so stated above.