

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31345

State File No.

FILED OCT 1 - 1956

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5701 Registrar's No. 189

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

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>		
b. CITY OR TOWN <u>Rural, Greene Twp</u>		c. LENGTH OF STAY (In this place) <u>19 yrs</u>		c. CITY OR TOWN <u>3 1/2 Mile W. Utica, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 Mi West, Utica, Mo</u>					
d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Haron</u> b. (Middle) <u>Mott</u> c. (Last) <u>Allen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 10 56</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>Married</u>		8. DATE OF BIRTH <u>10-30-1876</u>		9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Worth Co., Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>Thomas Allen</u>			13b. MOTHER'S MAIDEN NAME <u>Mahalley Jones</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Elgie Eddy Allen</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME / ADDRESS <u>Mrs. Elgie E. Allen, Utica, Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		DUE TO (b) <u>arterio-sclerosis</u>						<u>3 1/2 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)						<u>10 yrs</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 <u>331x</u>						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 Sept 8, 1956, to Sept 10, 1956 that I last saw the deceased alive on Sept 9, 1956 and that death occurred at 1 PM m., from the causes and on the date stated above.

23a. SIGNATURE <u>G.W. Carpenter MD</u> (Degree or title)		23b. ADDRESS <u>Chillicothe, Mo.</u>		23c. DATE SIGNED <u>9-12-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-12-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resthaven</u>		24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>9-12-56</u>		REGISTRAR'S SIGNATURE <u>Francis B. Neal</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home</u>		ADDRESS <u>Chillicothe, Mo.</u>	
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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 *Joseph M. Gibson*.....

Licensed Embalmer No. *4769*

P. O. Address *Chillicothe*

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.