

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032243

STATE FILE NUMBER

FILED SEP 25 1958

Registration District No. 103

Primary Registration District No. 417-5417

Registrar's No. 13

5-300
1-57

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Harnersville</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Harnersville</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>Gen Eric</u>

3. NAME OF DECEASED (Type or print) First <u>Awdeen</u> Middle <u>A.</u> Last <u>Allens</u>			4. DATE OF DEATH Month <u>9</u> Day <u>13</u> Year <u>1958</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2/10/1888</u>	9. AGE (In years last birthday) <u>70</u>	10. FUNDER 1 YEAR Months <u>7</u> Days <u>3</u>	11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucking</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>	11. BIRTHPLACE (City and state or country) <u>Brammille Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>James Allen</u>	13b. MOTHER'S MAIDEN NAME <u>Evelyn Pempsey</u>	14. NAME OF HUSBAND OR WIFE <u>Jishia Allen</u>
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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)	16. SOCIAL SECURITY NO. <u>489-18-3279</u>	17. INFORMANT <u>Mrs. J. M. Willyard</u>	Address <u>Brammille Tenn</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute congestive heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>arteriosclerotic Cardiovascular disease</u>	<u>15 years</u>
	DUE TO (c) <u>4221</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>10/20/56</u> to <u>9/13/58</u> and last saw her/him alive on <u>9/13/58</u> Death occurred at <u>10 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>RJ Palenske MD</u>	22b. ADDRESS <u>Harnersville, MO</u>	22c. DATE SIGNED <u>9/14/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/15/1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Harnersville</u>	23d. LOCATION (City, town, or county) (State) <u>Harnersville MO</u>
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24. FUNERAL DIRECTOR <u>Emerson & Sons</u>	ADDRESS <u>Harnersville, MO</u>	25. DATE RECD. BY LOCAL REG. <u>9-16-58</u>	26. REGISTRAR'S SIGNATURE <u>Sue Palenske</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.
All diseases in Part I must be causally related.

DEPARTMENT
COUNTY FILE NUMBER 958-231

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 *W T Emerson*

Licensed Embalmer No. *352*

P. O. Address *Jansboro, N.C.*

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.