

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002621

STATE FILE NUMBER

FILED FEB 11 1959

Registration District No. 316 Primary Registration District No. 3066 Registrar's No. 46

1-300
1-57

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Farmington
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 909 W. Liberty		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 909 W. Liberty
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Emil Allen			4. DATE OF DEATH Month Day Year February 3, 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 16, 1907	9. AGE (In years last birthday) 52	10. UNDER 1 YEAR Months Days
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 country) Ellington, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Allen		13b. MOTHER'S MAIDEN NAME Alta Smith		14. NAME OF HUSBAND OR WIFE Dorothy Allen	
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.	17. INFORMANT Dorothy Allen Farmington, Missouri		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Left Heart Failure			INTERVAL BETWEEN ONSET AND DEATH 30 min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Valvular Heart Disease			6 months
	DUE TO (c) Rheumatic Heart Disease			years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 414X			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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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

21. I attended the deceased from Jan. 27 '59 to Feb. 3, '59 and last saw him alive on Feb. 3, '59
Death occurred at 11:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Alvan Karraker M.D.	(Degree or title)	22b. ADDRESS Farmington, Mo	22c. DATE SIGNED Feb 5 '59
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 2/7/59	23c. NAME OF CEMETERY OR CREMATORY K. of P. Cemetery	23d. LOCATION (City, town, or county) (State) Farmington, Mo.
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24. FUNERAL DIRECTOR Miller Funeral Home	ADDRESS Farmington, Mo.	25. DATE RECD. BY LOCAL REG. Feb. 6, 1959	26. REGISTRAR'S SIGNATURE Cather Rudloff
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Vertical text on the left margin: Doctor, coroner, etc. must use only standard nomenclature in Part 18. No symptoms will be listed. All diseases in Part 1 must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Bert J. Miller*

Licensed Embalmer No. *3752*
P. O. Address *Farmington,*

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.