

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

41792

State File No.

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 5796 Registrar's No. 66

68
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 DEATH RECORD

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Walker</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Walker 68</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>One mile east of Mt. Zion</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED a. (First) <u>Gemima</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Allen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 19 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>May 26 - 1871</u>		9. AGE (In years last birthday) <u>78</u> Months <u>6</u> Days <u>23</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cooper Co Mo</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Izac Phelan</u>		13b. MOTHER'S MAIDEN NAME <u>Carol Cook</u>		14. NAME OF HUSBAND OR WIFE <u>Lou Allen</u>	
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'S SIGNATURE OR NAME <u>Mr. Lou Allen M^{rs} Girth M^{rs}</u>	
				ADDRESS	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b)			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>151X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) <u>Walker Mo Moniteau Mo</u>	
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?	

22. I hereby certify that I attended the deceased from Sept 2, 1949, to Dec 19, 1949, that I last saw the deceased alive on Dec 10, 1949, and that death occurred at 7:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. Benin V.B.O.</u>		23b. ADDRESS <u>California</u>		23c. DATE SIGNED <u>12/20/49</u>	
24a. BURIAL - CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-23-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>M^{rs} Girth Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>M^{rs} Girth Mo</u>			

DATE REC'D BY LOCAL HEALTH DEPT. REG. <u>12-22-49</u>		REGISTRAR'S SIGNATURE <u>N.R. Popejoy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E. Williams</u>	
		ADDRESS <u>California Mo</u>			

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

District File Number
District Health Officer No. 9
RECEIVED
JAN 10 1950

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 *Hugh E Williams*

Licensed Embalmer No. *3537*

P. O. Address *California, 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.