

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45137

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 5796 Registrar's No. 8

V. S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Monteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monteau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>M^s Hill</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>M^s Hill Mo 26</u>
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) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Louis SYLVESTER ALLEN</u>			4. DATE OF DEATH Month Day Year <u>Dec 19 1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>no.</u>	11. BIRTH PLACE (City and state or country) <u>Raymondville Mo</u>
13a. FATHER'S NAME <u>Samuel Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Jemima Baird</u>	14. NAME OF HUSBAND OR WIFE <u>Martha Allen</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>no.</u>	17. INFORMANT Address <u>Walter Wood Lebanon Mo</u>
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>Chronic Hypertensive with myocardial degeneration</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4222</u>			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.) <u>Walker Township Monteau Mo</u>	
21. I attended the deceased from <u>5-12-56</u> to <u>12-16-57</u> and last saw ^{her} _{him} alive on <u>12-16-57</u> Death occurred at <u>4 p.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a: SIGNATURE <u>RBS Fuchs MD</u> (Degree or title)		22b. ADDRESS <u>California, Mo</u>	
22c. DATE SIGNED <u>12-21-57</u>			
23a. BURIAL, CREMATION, or REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-21-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>M^s Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>M^s Hill Mo.</u>
24. FUNERAL DIRECTOR <u>Hugh E Williams</u>		ADDRESS <u>California Mo</u>	25. DATE RECD. BY LOCAL REG. <u>12-21-57</u>
		26. REGISTRAR'S SIGNATURE <u>John L Pappay</u>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

06

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 *Hugh E. Hillman*

Licensed Embalmer No. *3537*
P. O. Address *California*

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.