

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024959
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 2016 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>201 Cherry Street</u>		d. STREET ADDRESS (If outside, give location) <u>201 Cherry Street</u>	
3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>Enoch</u> Last <u>Allen</u>		4. DATE OF DEATH Month <u>July</u> Day <u>23</u> Year <u>1958</u>	
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>Aug. 14, 1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate Broker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>	9. AGE (In years last birthday) <u>79</u>
11a. BIRTHPLACE (City and state or country) <u>California, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Henry Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Ellen Enloe</u>	
14. NAME OF HUSBAND OR WIFE <u>Jennie Groom</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mr. Paul E. Allen</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>Pulmonary embolus</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>4500</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u> <u>Years</u>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u>12:00</u> Month <u>July</u> Day <u>25</u> Year <u>1958</u>		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 <u>Jefferson City, Mo.</u>	
21. I attended the deceased from <u>7-29-58</u> to <u>7-23-58</u> and last saw him alive on <u>7-23-58</u> Death occurred at <u>12:00 A. M.</u> on the date stated above; and to the best of my knowledge from the causes stated.		22a. SIGNATURE <u>H. P. Dorris, M.D.</u>	
22b. ADDRESS <u>Jefferson City, Mo.</u>		22c. DATE SIGNED <u>7-25-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 25, 1958</u>	23c. NAME OF CEMETERY OR CREMATOR <u>California Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>California, Mo.</u>
24. FUNERAL DIRECTOR <u>Victor Buescher JCM</u>		25. DATE RECD. BY LOCAL REG. <u>25 July 1958</u>	
26. REGISTRAR'S SIGNATURE <u>R. P. Dorris, MD-MR</u>		(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.

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

Victor Buesch

Licensed Embalmer No. *3701*

P. O. Address *Jemo*

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.