

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32502

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. 55		PRIMARY REG. DIST. NO. 4082		Registrar's No. 93	
1. PLACE OF DEATH a. COUNTY CARROLL				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY CARROLL			
b. CITY OR TOWN Bogard		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Bogard Mo		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER				e. STREET ADDRESS (If rural, give location) R.F.D. 1			
3. NAME OF DECEASED (Type or Print)		a. (First) Mary		b. (Middle) MARGARET		c. (Last) ALLEN	
4. DATE OF DEATH		(Month) NOV		(Day) 3		(Year) 1955	
5. SEX FEMALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH JAN 18, 1875	
9. AGE (In years last birthday) 80		if UNDER 1 YEAR Months 9		Days 15		if UNDER 24 HRS. Hours Mins. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) WAKENSA, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John H. Hartwig		13b. MOTHER'S MAIDEN NAME Elizabeth Weppley		14. NAME OF HUSBAND OR WIFE William J. Allen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Elizabeth Allen Bogard, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Liver DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1561				INTERVAL BETWEEN ONSET AND DEATH 6 Mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 Oct. 26, 1955 to Nov. 3, 1955 , that I last saw the deceased alive on Nov. 2, 1955 and that death occurred at 2:15 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. Hamilton Stator, M.D.				23b. ADDRESS Carrollton, Mo.		23c. DATE SIGNED Nov. 3/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-5-55		24c. NAME OF CEMETERY OR CREMATORY VAN HORN		24d. LOCATION (City, town, or county) (State) Bogard, Mo	
DATE REC'D BY LOCAL REG. 11-4-55		REGISTRAR'S SIGNATURE Ms Herbert Caldwell		25. FUNERAL DIRECTOR'S SIGNATURE 45-C Dickerson Funeral Home		ADDRESS Bogard	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
R. M. Maxwell Jr.

Licensed Embalmer No. 446

P. O. Address.....
Carroll

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.