

FILED MAY 27 1957

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) Stella, Mo		c. LENGTH OF STAY (in this place) 4 hrs.	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 Cardwell Memorial Hosp.		e. STREET ADDRESS (If rural, give location) Stark City	

3. NAME OF DECEASED (Type or Print)	a. (First) Linda	b. (Middle) Janice	c. (Last) Allen	4. DATE OF DEATH (Month) (Day) (Year) May 12 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 7 1950	9. AGE (In years) (last birthday) (If under 1 year: Months) (If under 12 hrs.: Hours) (Min.) 6 6 5
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY Child	11. BIRTHPLACE (City and State or Foreign Country) Neosho, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Edgar W. Allen	13b. MOTHER'S MAIDEN NAME Oleta Pauline Leonard	14. NAME OF HUSBAND OR WIFE Single
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Edgar W. Allen	ADDRESS Stark City, Mo. R#
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Traumatic Cerebral, Thoracic DUE TO (c) Abdominal & Bladder injuries		3 hours
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. due auto accident, 24			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 0' 25	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Stella, 013 Newton, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-12-57 2:30 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Pl. was hit by automobile
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22. I hereby certify that I attended the deceased from 5-12, 1957 to 5-12, 1957, that I last saw the deceased alive on 5-12, 1957, and that death occurred at 2:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) D.O.	23b. ADDRESS Stella, Mo.	23c. DATE SIGNED 5-13-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-14-57	24c. NAME OF CEMETERY OR CREMATORY Roscoe Cemetary	24d. LOCATION (City, town, or county) (State) Roscoe Texas
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DATE REC'D BY LOCAL REG. 5-13-57	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS W. Maus Lopez Wheaton Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

0730

0730

545

RECEIVED

District Health Officer No. Newton
District File Number 557-118
Date Filed MAY 22 1957

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 W. Morris Pope
Licensed Embalmer No. 3442

P. O. Address Wheaton

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.