

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031971
STATE FILE NUMBER

FILED SEP 25 1958 Registration District No. 50 Primary Registration District No. 5176 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Camden	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Auglaize Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Richland Rt 1 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		Length of stay in lb 9 yrs	d. STREET ADDRESS (If outside, give location) Richland Rt 1 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Mattie Middle E. Last Allen			4. DATE OF DEATH Month Sept Day 15 Year 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 26-1870	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 6 Days 19	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-Wife	10b. KIND OF BUSINESS OR INDUSTRY At-Home	11. BIRTHPLACE (City and state or country) Cole County Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Christopher C. Manes	13b. MOTHER'S MAIDEN NAME Deliah Story	14. NAME OF HUSBAND OR WIFE James Allen
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT Alma Gouge Address Montreal Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Long continued Bedfastness	
	DUE TO (c) Infirmities of old age 154X	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cancer of rectum		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Sept 1 - 58 , to Sept 15 - 58 and last saw her alive on Sept 15 - 58 Death occurred at 12:50 am on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) L.S. Myers D.O.	22b. ADDRESS Richland Mo.	22c. DATE SIGNED 9-15-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 17-58	23c. NAME OF CEMETERY OR CREMATORY Maple-Park Cemetery	23d. LOCATION (City, town, or county) (State) Springfield Mo
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24. FUNERAL DIRECTOR Reed Funeral Home	ADDRESS Camdenton Mo	25. DATE RECD. BY LOCAL REG. Sept 16-1958	26. REGISTRAR'S SIGNATURE Zilpha J. Traw
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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

0150
S. 300
1-57

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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 Robert H Reed

Licensed Embalmer No. 3745
P. O. Address Camdenton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.