

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006154

STATE FILE NUMBER

FILED FEB 19 1959 Registration District No. 160 Primary Registration District No. 559V Registrar's No. 25

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JEFF.	
b. CITY (If outside corporate limits, give TOWNSHIP only) RURAL JOACHIM		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Festus c.522 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFF. Co. Hosp.		Length of stay in 1b 5 da.	d. STREET ADDRESS (If outside, give location) 513 ANN, ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Pamela Sue ALLEN			4. DATE OF DEATH Month Day Year 2-10-59		
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-6-1959		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 3 5 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY L	11. BIRTHPLACE (City and state or country) Festus - Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME PAUL ALLEN		13b. MOTHER'S MAIDEN NAME Frene Seabough		14. NAME OF HUSBAND OR WIFE L	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address Paul Allen Festus - Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intracranial hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 7 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) anuragen cerebral vessels		
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7600			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 WORK <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	
21. I attended the deceased from 2/6/59 to 2/10/59 and last saw her alive on 2/10/59 Death occurred at 8:15 AM 2/10/59 on the date stated above; and to the best of my knowledge from the causes stated.					
22a. SIGNATURE [Signature] (Degree or title) M.D.		22b. ADDRESS Merulamum Mo		22c. DATE SIGNED 2/11/59	

23a. BURIAL, CREMATION, REMOVAL, (Specify) BURIAL		23b. DATE 2-11-59		23c. NAME OF CEMETERY OR CREMATORY Gamel Cemetery		23d. LOCATION (City, town, or county) (State) Festus - Mo.	
24. FUNERAL DIRECTOR Glen R. Peltte		ADDRESS Crystal City Mo.		25. DATE RECD. BY LOCAL REG. 2-12-59		26. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Anthony R. Polit
Licensed Embalmer No. 3481
P. O. Address Crystal

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.