

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022385

STATE FILE NUMBER

FILED JUN 24 1959 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 99

V. S. 300
 Rev. 1-57

812

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
 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

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rolla		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps Co. Memorial			Length of stay in lb 10 hrs.	d. STREET ADDRESS 601 N. Cedar st.,		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CORA Middle HARL Last ALLEN				4. DATE OF DEATH Month June Day 12, Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 14, 1872	9. AGE (In years last birthday) 87	FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) San Marcus, Texas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME S. C. Harl			13b. MOTHER'S MAIDEN NAME Sarah Rowland		14. NAME OF HUSBAND OR WIFE John S. Allen (deceased)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT R. L. Allen		Address Salem, 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) cerebral arteriosclerosis = terminal hypostatic pneumonia (1-rod)						INTERVAL BETWEEN ONSET AND DEATH 4 yrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		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 <u>1950</u> to <u>6-12-59</u> and last saw her ^{her} alive on <u>6-12-59</u> Death occurred at <u>10.15</u> P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>E. E. Fossil m.D.</i> (Degree or title)				22b. ADDRESS Rolla Mo.		22c. DATE SIGNED 6-15-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/14/1959	23c. NAME OF CEMETERY OR CREMATORY Rolla, Cemetery		23d. LOCATION (City, town, or country) (State) Rolla, Mo.			
24. FUNERAL DIRECTOR <i>Carl J. Blum</i> ADDRESS 1100 Elm, Rolla, Mo.			25. DATE RECD. BY LOCAL REG. June 15, 1959		26. REGISTRAR'S SIGNATURE <i>Nadine L. Stoll</i>		

County File Number:
Date Filed June 23, 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 me, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rolla, 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.