

## JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040884

FILED VS NOV 24 1959

STATE FILE NUMBER

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 80

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Linn</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) <i>MARCELINE</i>		a. STATE <i>Missouri</i>		b. COUNTY <i>Chariton</i>	
Length of stay in lb <i>60 days</i>		c. CITY OR TOWN <i>Triphett</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST FRANCIS</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <i>GERTRUDE</i>		Middle <i>M</i>		Last <i>ALLEN</i>		Month Day Year <i>11-17-59</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>7/28/1888</i>	9. AGE (last birthday) <i>71</i>	IF UNDER 1 YEAR Months Days <i>3 21</i>	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housework</i>		11. BIRTHPLACE (City and state or country) <i>Rothville Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>THOMAS MORRIS</i>		13b. MOTHER'S MAIDEN NAME <i>Rogenia Lambert</i>		14. NAME OF HUSBAND OR WIFE <i>THAS ALLEN</i>			
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. <i>498-32-2451</i>		17. INFORMANT Address <i>THAS ALLEN - Triphett MO</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>HEPATIC CARCINOMATOSIS</i>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>CARCINOMA OF GALLBLADDER</i>							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>MYOCARDITIS - HYPERTENSIVE - DEMYELINATION - HYPERBILIRUBINEMIA</i>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 a.m. p.m. Month, Day, Year		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 <i>9-14-59</i> to <i>11-17-59</i> and last saw her alive on <i>11-17-59</i> Death occurred at <i>5:40 P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>George J. Jany</i>				22b. ADDRESS <i>Marceline Missouri</i>		22c. DATE SIGNED <i>11-17-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>11-20-59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Rose Hill</i>		23d. LOCATION (City, town, or county) (State) <i>Brookfield MO</i>	
24. FUNERAL DIRECTOR ADDRESS <i>J. H. Reipard Mendon MO</i>		25. DATE RECD. BY LOCAL REG. <i>11-19-59</i>		26. REGISTRAR'S SIGNATURE <i>Broome Owens</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_

*A. R. Peipard*

Licensed Embalmer No. 3970

P. O. Address Mendon Ma

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.