

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-001333

STATE FILE NUMBER

LED VS JAN 19 1960

Registration District No. 44 Primary Registration District No. 4234 Registrar's No. 6

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Iron	a. STATE Missouri COUNTY Iron		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton	Length of stay in 1b 6 days	c. CITY OR TOWN Pilot Knob	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's	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 checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First MAUDE	Middle MYRTLE	Last ALLEN	4. DATE OF DEATH Month January Day 7, Year 1960
-------------------------------------	-----------------------	-------------------------	----------------------	--

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 6/11/1883	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
-------------------------	----------------------------------	---	--------------------------------------	-------------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Iron County, Mo.	12. CITIZEN OF WHAT COUNTRY USA
---	--	---	---

13a. FATHER'S NAME Robert Wren	13b. MOTHER'S MAIDEN NAME Nancy Lashley	14. NAME OF HUSBAND OR WIFE Martin Allen
--	---	--

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. none	17. INFORMANT Mr. Linn Allen, Fredericktown, Mo.	Address
---	--	--	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction	INTERVAL BETWEEN ONSET AND DEATH 3 Mos
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)	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 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 **Aug - 29** to **1-7-60** and last saw her **alive** on **1-7-60**.
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i>	(Degree of title)	22b. ADDRESS Ironton Mo	22c. DATE SIGNED 1-9-60
--------------------------------------	-------------------	-----------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Jan. 10, 1960	23c. NAME OF CEMETERY OR CREMATORY Polk Cemetery	23d. LOCATION (City, town, or county) Iron county, Mo.
--	-----------------------------------	--	--

24. FUNERAL DIRECTOR White Funeral Home <i>[Signature]</i>	ADDRESS Ironton, Mo.	25. DATE RECD. BY LOCAL REG. 1-9-60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
---	--------------------------------	---	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

