MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-013790

FILED VS APR 4 1960

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Marshall
Length of stay in 1b: 29yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 315 N.Salt Pond
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Saline
c. CITY OR TOWN: Marshall
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 315 N.Salt Pond
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Carrie Middle: L. Last: Allen

4. DATE OF DEATH: Month: March Day: 28, Year: 1960

5. SEX: Female

6. COLOR OR RACE: Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: June 30 94

9. AGE (last birthday): 65
IF UNDER 1 YEAR: Months: 9 Days: Hours: IF UNDER 24 HR: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (City and state or country): Saline County, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George Smith

13b. MOTHER'S MAIDEN NAME: Henriette Bell

14. NAME OF HUSBAND OR WIFE: Mr. Jason Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 491-36-8900

17. INFORMANT Address: 315 N. Salt Pons
Mr. Jason Allen, Marshall, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Malignant Osteoma with Metastasis.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: Don't Know.

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. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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 ☐ NOT WHILE 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 ____ to ____ and last saw her/him alive on 26 March 1960
Death occurred at 7:45a; m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W.H. Madison, M.D.

22b. ADDRESS: Marshall, Missouri

22c. DATE SIGNED: 3-30-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 30 March 60

23c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery

23d. LOCATION (City, town, or county) (State): Marshall, Missouri

24. FUNERAL DIRECTOR ADDRESS: George H. Green, Marshall Mo.

25. DATE RECD. BY LOCAL REG.: 3-30-'60

26. REGISTRAR'S SIGNATURE: Cecil L. Reed

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 42

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.