URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAY 4 1960

60-018040

STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 6150 Registrar's No. 42

ENDED

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural (New Lisbon Twp) Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stoddard
c. CITY OR TOWN Puxico Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R. F. D. #1 Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Mary Middle: Effie Last: Allen

4. DATE OF DEATH Month: April Day: 14, Year: 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-18-1882
9. AGE (last birthday): 78
IF UNDER 1 YEAR Months: 0 Days: 26 IF UNDER 24 HR Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired house-keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Hardin County, Ind.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Bart McDonald
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Clarence Allen (Dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 494-38-6537
17. INFORMANT: Ronald Reiter, Address: Puxico, Mo. R. 1

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) Congestive heart failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Cerebral hemorrhage 11-59

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 1-2-60, to 4-14-60 and last saw her alive on 4-11-60
Death occurred at 6:30 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. L. Skillings (Degree or title) D.O.
22b. ADDRESS Puxico Mo
22c. DATE SIGNED 4-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-17-60
23c. NAME OF CEMETERY OR CREMATORY: Fairview
23d. LOCATION (City, town, or county) (State): R.F.D. #1, Puxico, Mo.

24. FUNERAL DIRECTOR: Strickland-Rainey ADDRESS: Dexter, Mo.
25. DATE RECD. BY LOCAL REG.: 4-29-60
26. REGISTRAR'S SIGNATURE: Velma V. Jenkins

(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 by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Lucille Rainey

Licensed Embalmer No. 498

P. O. Address Dexter,

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