

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-031772

FILED VS SEP 13 1960

316

Primary Registration District No. —

Registrar's No. 349

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Length of stay in lb 11M;29 das.	c. CITY OR TOWN Thayer
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Towery Nursing Home.
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First SARAH Middle BELLE Last ALLEN			4. DATE OF DEATH Month September Day 2 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 May 3, 1888	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months 3 Days 29
IF UNDER 24 HR Hours Min. 	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Abstractor, housewife and	10b. KIND OF BUSINESS OR INDUSTRY former postmistress.	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Slater		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE J. L. 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. Unknown	17. INFORMANT Records, State Hospital No. 4, Farmington, Mo.
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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) Bronchial pneumonia - - - - -		4 das.
DUE TO (b) Senility - - - - -		5 yrs.
DUE TO (c) psychotic reaction.		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Chronic brain syndrome with cerebral arteriosclerosis with /**

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No 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 Month, Day, Year a.m. p.m. 	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 **August 6, 1960** to **Sept. 2, 1960** and last saw her **xxx** alive on **Sept. 2, 1960**
 Death occurred at **3:50 P. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John A. Brennan, M.D.	22b. ADDRESS State Hospital No. 4 Farmington, Missouri	22c. DATE SIGNED 9-3-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried	23b. DATE Sept. 4, 1960	23c. NAME OF CEMETERY OR CREMATORY Thayer Ceme tery
	23d. LOCATION (City, town, or county) Thayer, Mo.	(State)

24. FUNERAL DIRECTOR Carter Funeral Home, Thayer, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Sept. 3, 1960	26. REGISTRAR'S SIGNATURE Ethel Rudloff
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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 *Faulkner*

Licensed Embalmer No. 4120

P. O. Address Farmington

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