URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-041602

STATE FILE NUMBER

FILED VS. NOV 21 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1149

1. PLACE OF DEATH
a. COUNTY Greene County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Mo. Length of stay in 1b 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Memorial Hospital Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Polk
c. CITY OR TOWN Bolivar, Mo. Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Eva Middle Ethel Last Allen

4. DATE OF DEATH Month November Day 13 Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 8-30-1899

9. AGE (last birthday) 61

IF UNDER 1 YEAR Months 2 Days 14 IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Bolivar, Mo.

12. CITIZEN OF WHAT COUNTRY United States

13a. FATHER'S NAME Charles L. Ware

13b. MOTHER'S MAIDEN NAME Ann Carter

14. NAME OF HUSBAND OR WIFE John W. Allen

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. None

17. INFORMANT Vernon Bouling Address Bolivar, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 2-3 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Carcinoma of pancreas — 1-1½ yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Obstruction of common bile duct

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 11/9/60, to 11/12/60 and last saw her him alive on 11/12/60

Death occurred at 12:50 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Leland E. Wetzel DO

22b. ADDRESS Springfield, Mo.

22c. DATE SIGNED 11/13/60

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

23b. DATE 11/15/60

23c. NAME OF CEMETERY OR CREMATORY Greenwood

23d. LOCATION (City, town, or county) (State) Bolivar, Mo

24. FUNERAL DIRECTOR Paul D. Butler ADDRESS Bolivar, Mo

25. DATE RECD. BY LOCAL REG. 11-15-60

26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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_____ Signed Paul D Butler

Signature of Student Embalmer

Licensed Embalmer No. 4471

P. O. Address Bolivar

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.