

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026935

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 57

STATE FILE NUMBER

VS 300
Rev. 4/59

1 1050

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 25 1963

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stunby</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Milan</u>		Length of stay in 1b <u>5da.</u>	c. CITY OR TOWN <u>Stenton</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sullivan Co. Memorial</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Plainview Rest Home.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>CLEO GRACE McALLISTER</u>			4. DATE OF DEATH Month Day Year <u>JUNE 17 1963</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr 17-1909</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife.</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>54</u>
13a. FATHER'S NAME <u>Everett Blashen</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel King</u>	14. NAME OF HUSBAND OR WIFE <u>Arthur McAllister</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	11. BIRTHPLACE (City and state or country) <u>Mercer County</u>
17. INFORMANT <u>J. J. McAllister</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>reoccurring cerebral vascular accident 6-10-63</u>			INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Consistently high Blood pressure</u>			<u>10-15 years</u>
DUE TO (c) <u>Cerebral Vascular accident</u>			<u>1953</u>
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.	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 <u>March 1962</u> to <u>June 1963</u> and last saw her/him alive on <u>June 17-1963</u> Death occurred at <u>Milan</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Arwitel do</u>		22b. ADDRESS <u>Salt Mo</u>	22c. DATE SIGNED <u>6-18-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or country) (State)
<u>Burial</u>	<u>June 20-1963</u>	<u>Masonic</u>	<u>Jamesport Mo.</u>
24. FUNERAL DIRECTOR <u>O. L. Roberson</u>	25. DATE RECD. BY LOCAL REG. <u>6-21-63</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u>	

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. L. Robinson

Licensed Embalmer No. 3244

P. O. Address Jonesport, Mo

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