

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. 22069-50 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 312

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Eldridge</u> 0530	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>No. street address</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Roberta Sue</u> b. (Middle) <u>Allen</u> c. (Last) <u>Allen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 6, 1951</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>May 2, 1950</u>		9. AGE (In years last birthday) <u>11</u> MONTHS <u>4</u> DAYS		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		11. BIRTH PLACE (State or foreign country) <u>Lebanon Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>				11. BIRTH PLACE (State or foreign country) <u>Lebanon Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Johnnie Allen</u>			13b. MOTHER'S MAIDEN NAME <u>Betty Hillig</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (a. no. or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Johnnie Allen</u>		ADDRESS <u>Eldridge Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Intussusception</u>		ANTECEDENT CAUSES				Life	
		DUE TO (b) <u>Mesckel Diverticulum</u>		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS					
19a. DATE OF OPERATION <u>4-6-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intussusception with gangrenous mesckel Diverticulum</u>		7562				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4-6, 1951, to 4-6, 1951, that I last saw the deceased alive on 4-6, 1951, and that death occurred at 11:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. B. Busch</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>4-11-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/9/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ira Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>near Eldridge Laclede Co. Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>4-13-51</u>		REGISTRAR'S SIGNATURE <u>W. E. Hudley</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Buried by family, Johnnie Allen</u>		ADDRESS <u>Eldridge Mo.</u>	
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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 me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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 this body is not embalmed, fact should be so stated above.