

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29186**

FILED AUG 21 1951

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6093		Registrar's No. 159	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Genevieve			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Marshall 3 mos				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Genevieve 0951			
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State School				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print) Geraldine E		a. (First)		b. (Middle)		c. (Last) Allen	
4. DATE OF DEATH (Month) (Day) (Year) Aug 15 1951		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
8. DATE OF BIRTH June 26 1932		9. AGE (In years last birthday) 19		10. MONTH 19		11. DAY 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Cape Girardeur		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Melvin Allen		13b. MOTHER'S MAIDEN NAME Margarette Foute		14. NAME OF HUSBAND OR WIFE never married			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mo. State School Marshall Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status Epilepticus ANTECEDENT CAUSES Epilepsy Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3532				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide		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 June 27, 1951 to Aug 15, 1951 , that I last saw the deceased alive on Aug 15, 1951 , and that death occurred at 12-30 m., from the causes and on the date stated above.							
23a. SIGNATURE E. E. Salyer M.D. (Degree or title)				23b. ADDRESS Marshall Mo.		23c. DATE SIGNED 8-15-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/18/51		24c. NAME OF CEMETERY OR CREMATORY St. Genevieve		24d. LOCATION (City, town, or county) (State) Missouri	
DATE REC'D BY LOCAL REG. Aug-16-1951		REGISTRAR'S SIGNATURE Sidney T. Gray		25. FUNERAL DIRECTOR'S SIGNATURE Leo C. Barker ADDRESS St. Genevieve			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-20-21

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-20-21 _____

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.

Signed _____ J. Leslie Sweeney

Signed _____
Student Embalmer

Licensed Embalmer No. 3235 ✓

P. O. Address Marshall, 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.