

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14006

FILED MAY 13 1957

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 48

Health,
& Welfare
Public
Service

300
1-56

All
symptoms will be listed. All
diseases in Part I must be
casually related. Coroner
cannot certify to a death
due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

506
A

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>California, Mo Walker</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>California, Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home- 205 S. High 16 Yrs</u>			d. STREET ADDRESS (If outside, give location) <u>205 S. High</u>		
3. NAME OF DECEASED (Type or print) First <u>Estella</u> Middle <u>Josephine</u> Last <u>Allee</u>			4. DATE OF DEATH <u>Apr 27 1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 23 1877</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>4</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Andrew Jackson Armstrong</u>			14. MOTHER'S MAIDEN NAME <u>Carnelia Garrol</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Rosalie Allee California, Mo</u> Address <u></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>Found dead in bed. History suggests Coronary Thrombosis</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>4201</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 day? 7+ years</u>
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 <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>			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 <u>California</u>		COUNTY <u>Moniteau</u>	STATE <u>Mo</u>
21. I attended the deceased from <u>8-31-53</u> to <u>1-26-57</u> and last saw her/him alive on <u>1-26-57</u> . Death occurred at <u>about 12:01 & 12:00</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>R B Fulcher M.D.</u>		22b. ADDRESS <u>California, Mo</u>		22c. DATE SIGNED <u>4-28-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/29/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Flag Spring Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Rural- California, Mo</u>	
24. FUNERAL DIRECTOR <u>Earl Boulton - California, Mo</u> ADDRESS <u></u>		25. DATE RECD. BY LOCAL REG. <u>4/30/57</u>	26. REGISTRAR'S SIGNATURE <u>H L Hopey</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 Jack H. Bawlin
Licensed Embalmer No. 4933
P. O. Address California, N

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.