

FILED OCT 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32535

STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. 4284 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY LEWIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LA BELLE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN LEWISTOWN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION EDWARDS NURSING Length of stay in 1b 1 mo.				d. STREET ADDRESS (If outside, give location) XXXXXXXXXXXXXXXX Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First ANNIE Middle KATE Last ALLEN				4. DATE OF DEATH Month Day Year SEPT. 27, 1957			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 7/27/1870	
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (City and state or country) LEWIS COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME HEZEKIAH TURPIN				14. MOTHER'S MAIDEN NAME MARTHA HAWKINS			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. XXXXXXXXXXXX		17. INFORMANT NONE		Address KYLE TURPIN LEWISTOWN, ILL.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Conditions, if any, which gave rise to above - cause (a), stating the underlying cause last. DUE TO (b) Long Standing Heart Lesion DUE TO (c) Sclerosis PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 7-4-27-27
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. Month, Day, Year 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 Sept 4 th to Sept 27 - and last saw her alive on Sept 27 th Death occurred at 6:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. S. Croton (Degree or title) D.D. 2				22b. ADDRESS La Belle Mo		22c. DATE SIGNED 9-28-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9/29/57		23c. NAME OF CEMETERY OR CREMATORY STEFFENVILLE		23d. LOCATION (City, town, or county) (State) STEFFENVILLE, MO.	
24. FUNERAL DIRECTOR Charles J. Arnold, Jr. ADDRESS Lewistown, Mo.				25. DATE RECD. BY LOCAL REG. 9-30-57		26. REGISTRAR'S SIGNATURE R.W. Jennings, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 15 1958

OCT 9 1957

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.....

Charles L. Arnold

Licensed Embalmer No. 466

P. O. Address LEWISTOWN,

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