pt. Health,
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36716
STATE FILE NUMBER

FILED NOV 12 1957

Registration District No. 229 231 Primary Registration District No. 4343 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY Montgomery
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Florence Mo — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home — Length of stay in lb 30 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Montgomery
c. CITY OR TOWN New Florence Mo — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) none — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Pauline Middle G. Last Allen

4. DATE OF DEATH Month Nov Day 2 nd Year 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH March 7 th 1907
9. AGE (In years last birthday) 50 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home & Book Keeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Williamsburg Mo
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Fred Garver
13b. MOTHER'S MAIDEN NAME Jessie "Garver" Thompson
14. NAME OF HUSBAND OR WIFE Bernice Allen "Decd"

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 486-30-9706
17. INFORMANT Kenneth Young Address New Florence Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute MYOCARDITIS — INTERVAL BETWEEN ONSET AND DEATH SUDDEN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) INSTITIAL NEPHRITIS — 8 MO.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) [illegible] 431X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 July 31 1957, to Nov 2 1957 and last saw her/him alive on Nov 2 1957
Death occurred at 8:45 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James O Helm MD
22b. ADDRESS New Florence Mo.
22c. DATE SIGNED 11-5-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-4-57
23c. NAME OF CEMETERY OR CREMATORY New Florence Cemetery
23d. LOCATION (City, town, or county) (State) NEW FLORENCE MO

24. FUNERAL DIRECTOR [illegible] ADDRESS MONTGOMERY CITY MO
25. DATE RECD. BY LOCAL REG. Nov. 6-1957
26. REGISTRAR'S SIGNATURE Laura B Callaway

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 XX ON THE 2 ND DAY OF NOV 1957, Student Embalmer No. .....

working under my personal supervision.

C. W. HOPKINS

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. I487

MONTGOMERY CITY MO
P. O. Address .....

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.