

FILED JAN 13 1958

STANDARD CERTIFICATE OF DEATH

43689
STATE FILE NUMBER

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 114

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN New Madrid	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION South East Missouri Hosp				Length of stay in lb		d. STREET ADDRESS 741 Davis Street	
3. NAME OF DECEASED (Type or print) First Albert Middle Otis Last Allen				4. DATE OF DEATH Month Dec. Day 20 Year 1957			
5. SEX Male		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 1, 1890	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Jefferson City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Albert Otis Allen				14. MOTHER'S MAIDEN NAME Laura Watson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None None				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT New Madrid, Mo. Mrs. W. L. Ramsey, Jr.	
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 myocardial infarction Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201						INTERVAL BETWEEN ONSET AND DEATH 3 days.	
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. _____ p. m. _____				20d. INJURY OCCURRED WHILE AT <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 12-17-57 to 12-20-57 and last saw her alive on 12-17-57 Death occurred at 7:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Charles E. Wilson M.D.				22b. ADDRESS 714 Broadway Cape Girardeau, Mo.		22c. DATE SIGNED 1-8-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 23 Dec. 57		23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		23d. LOCATION (City, town, or county) (State) New Madrid, Missouri	
24. FUNERAL DIRECTOR Richards Undertaking Co. Mo.				25. DATE RECD. BY LOCAL REG. 1-11-58		26. REGISTRAR'S SIGNATURE Elizabeth Summers	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JAN 14 1958

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 *Tommy L. Roberts*
Licensed Embalmer No. *4886*

P. O. Address *New Madrid*

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.