

STANDARD CERTIFICATE OF DEATH

58-010506

STATE FILE NUMBER

FILED APR 8 1958

Registration District No.

170

Primary Registration District No.

3033

Registrar's No.

59

1. PLACE OF DEATH

a. COUNTY Laclede

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Laclede

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Lebanon

Inside Limits
Yes ☒ No ☐

c. CITY
OR
TOWN Lebanon 0532

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 500 Curry St.

Length of stay in lb
2 Yrs.

d. STREET
ADDRESS (If outside, give location)
500 Curry St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
LUCY

Middle
H

Last
ALLEN

4. DATE
OF
DEATH Month Day Year
April 1, 1958

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED ☐ NEVER MARRIED ☐
WIDOWED ☐ / DIVORCED ☐

8. DATE OF BIRTH

May 31, 1878

9. AGE (In years
at birthday) 77

10. FUNDER 1 YEAR IF UNDER 24 HRS.
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during part of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR
INDUSTRY
Domestic

11. BIRTHPLACE (City and state or country)
Camden County Mo.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME

Z. M. Degraffenreid

13b. MOTHER'S MAIDEN NAME

Julian Snellings

14. NAME OF HUSBAND OR WIFE

S. Jim Allen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
None.

17. INFORMANT

Mr. S. J. Allen, Lebanon, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic myocarditis

INTERVAL BETWEEN
ONSET AND DEATH
3 mos.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

arteriosclerotic heart disease

DUE TO (c)

4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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.)

2

20c. TIME OF
INJURY .Hour Month, Day, Year
a.m.
p.m.

20d. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK 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 10:00 P. to 4-1-58 and last saw her alive on 4-1-58
Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

B B Hunt, M.D.

22b. ADDRESS

Lebanon, Mo.

22c. DATE SIGNED

4-3-58

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

4/4/58

23c. NAME OF CEMETERY OR CREMATORY

Lebanon City Cemetery

23d. LOCATION (City, town, or county)

Lebanon, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

DR Palmer Lebanon Mo

25. DATE RECD. BY LOCAL REG.

4-4-1958

26. REGISTRAR'S SIGNATURE

Hella L. May

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be noted. All diseases in Part I must be causally related.

Received APR 7 1958
Laclede County Health Unit
File No. 59
Date Filed APR 7 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 S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.