

FILED MAR 26 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011030

STATE FILE NUMBER

Registration District No.

277

Primary Registration District No.

4411

Registrar's No.

24

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bowling Green</u>		c. CITY OR TOWN <u>Bowling Green</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>B. B. Gussing Home</u>		d. STREET ADDRESS (If outside, give location) <u></u>	
3. NAME OF DECEASED (Type or print) First <u>Angie</u> Middle <u>-</u> Last <u>ALLEN</u>		4. DATE OF DEATH Month <u>Mar</u> Day <u>17</u> Year <u>1958</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>Jan 30 1867</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		9b. KIND OF BUSINESS OR INDUSTRY <u></u>	
10a. BIRTHPLACE (City and state or country) <u>Montgomery Co Mo</u>		10b. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
11a. FATHER'S NAME <u>Douglas Young</u>		11b. MOTHER'S MAIDEN NAME <u>Isabel Aspley</u>	
12a. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u></u>		12b. SOCIAL SECURITY NO. <u></u>	
13a. NAME OF HUSBAND OR WIFE <u>Robert P. ALLEN</u>		13b. ADDRESS <u>Bowling Green Mo</u>	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Occlusion</u> DUE TO (b) <u>Cardiac Decompensatory</u> DUE TO (c) <u>Fractures</u>		14b. INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>3 weeks</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Nephritis cont. Secondary Anemia</u>		15. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) <u></u>	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>		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.) <u></u>		20f. CITY, TOWN, OR LOCATION <u></u>	
20g. COUNTY <u></u>		20h. STATE <u></u>	
21. I attended the deceased from <u>Feb 15 - 1958</u> to <u>March 17 - 58</u> and last saw her alive on <u>3-17-58</u> Death occurred at <u>6:00 A. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>T. M. Mathews M.D.</u>		22b. ADDRESS <u>Bowling Green Mo</u>	
22c. DATE SIGNED <u>3-22-58</u>		22d. SIGNATURE <u>Bill Robinson</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Mar 19 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green</u>		23d. LOCATION (City, town, or county) (State) <u>Bowling Green Mo</u>	
24. FUNERAL DIRECTOR <u>Grace Bankhead</u>		25. DATE RECD. BY LOCAL REG. <u>3/22/58</u>	
26. ADDRESS <u>Bowling Green Mo</u>		26. REGISTRAR'S SIGNATURE <u>Bill Robinson</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Harold Kiper

Licensed Embalmer No. 4597

P. O. Address Barnesville, Ga.

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.