

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022229
STATE FILE NUMBER

150 JUL 8 1958 Registration District No. 156 Primary Registration District No. 201 Registrar's No. 315

S. 300
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1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		c. CITY OR TOWN JOPLIN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN HOSP.		d. STREET ADDRESS 1602 VALLEY ST.	

3. NAME OF DECEASED (Type or print) First IRENE Middle Last ALLEN			4. DATE OF DEATH JULY 2, 1958 Month Day Year	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 8, 1888	9. AGE (In years last birthday) 70 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) MESSER, Ks.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME EDMOND W. SHIGLEY		13b. MOTHER'S MAIDEN NAME THERESA ROSE MOORE		14. NAME OF HUSBAND OR WIFE MANFRED H. ALLEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT MANFRED H. ALLEN, 1602 VALLEY, JOPLIN
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Fatal		INTERVAL BETWEEN ONSET AND DEATH Instantaneous
DUE TO (b) _____		
DUE TO (c) _____		4201
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 <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.) None	
20c. TIME OF INJURY Hour Month, Day, Year 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
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21. I attended the deceased from **did not attend** and last saw **her** alive on _____
Death occurred at **3:10 P.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Walter H. Brown, Jr.	(Degree or title) 3	22b. ADDRESS Med. Arts Bldg. Joplin Mo.	22c. DATE SIGNED 7-3-58
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 7-5-58	23c. NAME OF CEMETERY OR CREMATORY Sherman CEMETERY,	23d. LOCATION (City, town, or county) (State) SHERMAN, KANSAS
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24. FUNERAL DIRECTOR STEVE PARKER MORTUARY,	ADDRESS JOPLIN, MO.	25. DATE RECD. BY LOCAL REG. 7-5-1958	26. REGISTRAR'S SIGNATURE Dove Merriam
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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County File Number 7-1900
Date Filed 11/1/1900

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin, 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.