

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029562
STATE FILE NUMBER

FILED SEP 2 1958		Registration District No. 179		Primary Registration District No. 5667		Registrar's No. 157	
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Robertson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Troy				c. CITY OR TOWN Robertson		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln County Memorial Hospital				d. STREET ADDRESS 239 A Highland		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) Willie A. Allen				4. DATE OF DEATH Month August Day 24 Year 1958			
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH 1/11/28	
9. AGE (In years last birthday) 30		10. FUNDING YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Okalona, Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salad Maker				10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and state or country) Okalona, Mississippi	
13a. FATHER'S NAME Harvey Pearson				13b. MOTHER'S MAIDEN NAME Nellie Garner		14. NAME OF HUSBAND OR WIFE Arthur 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. Rev. A. Allen, 239A Highland		17. INFORMANT Address Robertson, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broken Neck & other injuries DUE TO (b) Automobile Traumatism DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 20 min.
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Deceased was a passenger in an auto that ran off of Highway & turned over, throwing her out.			
20c. TIME OF INJURY Hour 11:35 Month 8 Day 24 Year 58 p.m.				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.) Highway #40				20f. CITY, TOWN, OR LOCATION COUNTY Warren STATE Missouri			
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 11:55 PM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Joseph J. Marsh (Degree or title) Coroner 3				22b. ADDRESS 351 Monroe St. Troy, Missouri		22c. DATE SIGNED 8/25/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-29-58		23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Baracks, Mo.	
24. FUNERAL DIRECTOR E. B. Koonce F.H. ADDRESS 1221 N. Grand St. Louis, Mo.				25. DATE RECD. BY LOCAL REG. Aug. 24, 1958		26. REGISTRAR'S SIGNATURE Charlotte Leek	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

SEP 17 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 *Michin Blackburn*

Licensed Embalmer No. *3962*

P. O. Address *1221 N. G.*

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.