Health, & Welfare Public Service
70
S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031431
STATE FILE NUMBER

FILED SEP 9 1958 Registration District No. 322 Primary Registration District No. 6088 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Saline	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline
b. CITY OR TOWN Miami township — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Miami township 0770 0 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Rural route No.2 — Length of stay in 1b 77 years	d. STREET ADDRESS (If outside, give location) Rural route No.2 — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First Margaret Middle Allegre Last Farrell

4. DATE OF DEATH Month Sept. Day 5th Year I958

5. SEX Female 1

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH July 27,I866

9. AGE (In years last birthday) 92 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (City and state or country) Redkey, Indiana 1

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

13a. FATHER'S NAME Francis M. Allegre

13b. MOTHER'S MAIDEN NAME Mary E. McElwain

14. NAME OF HUSBAND OR WIFE ----------

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

16. SOCIAL SECURITY NO. None

17. INFORMANT Stephen Farrell, Miami Mo. Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH

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

DUE TO (b) heart failure — 2 days

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 522X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept.3,1958, to Sept5,1958 and last saw her alive on Sept.4,1958
Death occurred at 6-30 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. C. Macy (Degree or title) D.O. 2

22b. ADDRESS Marshall, Missouri

22c. DATE SIGNED 9-5-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Sept.5,I958

23c. NAME OF CEMETERY OR CREMATORY Miami cemetery

23d. LOCATION (City, town, or county) (State) Miami, Missouri

24. FUNERAL DIRECTOR ADDRESS Campbell-Lewis, Marshall, Mo.

25. DATE REC'D. BY LOCAL REG. 9/6/58

26. REGISTRAR'S SIGNATURE Mrs. Earl C. Metz

(Licensed Embalmer's Statement on Reverse Side)

92
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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 James H. Lewis Jr.

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.