Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031561
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 369 Primary Registration District No. 6252 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: WAYNE
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Mill Spring — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): — Length of stay in 1b: 1 MONTH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY:
c. CITY OR TOWN: ST. LOUIS 2239 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 912A RUSSELL — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: GRACE Middle: Last: ALLEN

4. DATE OF DEATH Month Day Year: AUGUST 17, 1958

5. SEX: FEMALE 6. COLOR OR RACE: WHITE 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 2

8. DATE OF BIRTH: 9-25-1896 9. AGE (In years last birthday): 61 — 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): PACKER
10b. KIND OF BUSINESS OR INDUSTRY: R.C. CAN CO.
11. BIRTHPLACE (City and state or country): CARTER COUNTY MO
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: WILLIAM A. JARRETT
13b. MOTHER'S MAIDEN NAME: CORDELIA BOYER
14. NAME OF HUSBAND OR WIFE: THOMAS ALLEN

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.: 493-24-1034
17. INFORMANT: HELEN HILLIS Address: MILL SPRING, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): malignancy of liver; origin unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c): 1562

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.)
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 Aug 2, 1958, to Aug 17, 1958 and last saw her/him alive on Aug 15, 1958
Death occurred at 4 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. H. Clem M.D. (Degree or title)
22b. ADDRESS: Piedmont, Mo
22c. DATE SIGNED: 8/18/58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 8-19-58
23c. NAME OF CEMETERY OR CREMATORY: CARSON HILL
23d. LOCATION (City, town, or county) (State): NEAR MILL SPRING MO.

24. FUNERAL DIRECTOR: Norman W. Gish ADDRESS: Piedmont Mo
25. DATE RECD. BY LOCAL REG.: Aug. 19, 1958
26. REGISTRAR'S SIGNATURE: Hazel Ward

(Licensed Embalmer's Statement on Reverse Side)

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.

AUG 29 1958

WAYNE CO. HEALTH CENTER
FILE No.

VS OCT 21 1959

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 Me, Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 4426

P. O. Address Pleasant

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.