

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033207
STATE FILE NUMBER

65421-58
FILED OCT 15 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 476

300
1-57
0495

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 OR TOWN Joplin, Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Webb City, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
f. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hosp.		Length of stay in lb 1 Day	
		d. STREET ADDRESS 420 W. Daug. St.	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Zachary Middle Lee Last Allen			4. DATE OF DEATH Month Oct. Day 2, Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 1, 1958	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 1 Days 1	IF UNDER 24 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Joplin, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Allen	13b. MOTHER'S MAIDEN NAME Jean Cunningham	14. NAME OF HUSBAND OR WIFE
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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. none	17. INFORMANT Mrs. Jean Cunningham Address Webb City Mo
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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) Massive Atelectasis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cardiac Enlargement DUE TO (c) 7620		INTERVAL BETWEEN ONSET AND DEATH 12 ?
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 checked="" type="checkbox"/> NO <input 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.). 1
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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 7620	COUNTY	STATE
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21. I attended the deceased from 10-1-58 , to 10-2-58 and last saw him alive on 10-2-58 Death occurred at 4:55 P m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Judette M. Elision, M.D. (Degree or title)	22b. ADDRESS 2002 Jackson, Joplin	22c. DATE SIGNED 10-7-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/7/1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery, Webb City	23d. LOCATION (City, town, or county) (State) Mo
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24. FUNERAL DIRECTOR Johnston-Arnce-Simons Mortuary	ADDRESS Webb City, Mo.	25. DATE RECD. BY LOCAL REG. 10-10-1958	26. REGISTRAR'S SIGNATURE Dorice Merriam
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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 Harvey E. Ruse

Licensed Embalmer No. 4463

P. O. Address West City, 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.**