

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043203

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No.

27

Primary Registration District No.

3005

Registrar's No.

172

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Butler</u>		c. CITY OR TOWN <u>Appleton City</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Butler Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>206 W 1st.</u>	
3. NAME OF DECEASED First <u>Maudie</u> Middle <u>May</u> Last <u>Allen</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>13</u> Year <u>1958</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb-14-1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis Mo.</u>	
13a. FATHER'S NAME <u>John H. Hursley</u>		14. NAME OF HUSBAND OR WIFE <u>David H. Allen</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Mrs Ruth Landers</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumopneumonia</u> DUE TO (b) <u>Uremic coma</u> DUE TO (c) <u>Chronic nephritis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Chronic arthritis Urinary incontinence</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>4 days</u> <u>3 years</u>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> 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	
21. I attended the deceased from <u>June 1 1940</u> to <u>12-13-58</u> and last saw her alive on <u>12-13-58</u> . Death occurred at <u>Butler Mo</u> <u>2 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R. L. Hansen M.D.</u>		22b. ADDRESS <u>Butler Mo</u>	
22c. DATE SIGNED <u>12-1958</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Dec-13-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Appleton City Mo.</u>
24. FUNERAL DIRECTOR <u>Melvin L. Janssens</u>		25. DATE RECD. BY LOCAL REG. <u>Dec-18-58</u>	
26. REGISTRAR'S SIGNATURE <u>Randal Janssens</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Licensed Embalmer No. 4529

P. O. Address Appleton, La.

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.