

STANDARD CERTIFICATE OF DEATH

58-043697

STATE FILE NUMBER

FILED JAN 14 1959

Registration District No. 107 Primary Registration District No. 5422 Registrar's No. 2

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett (rural)		c. CITY OR TOWN Kennett Mo. Rt. 1	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1		d. STREET ADDRESS (If outside, give location) Rt. 1	
3. NAME OF DECEASED (Type or print) First Middle Last Sanders Allen		4. DATE OF DEATH Month Day Year 12- 31- 1958	
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Unknown- 1885
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		9b. KIND OF BUSINESS OR INDUSTRY Farming	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (City and state or country) Tulla Louisiana	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. NAME OF HUSBAND OR WIFE Martha Allen	
13a. FATHER'S NAME Charles Allen		13b. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. None	
17. INFORMANT Martha Allen		Address Kennett Mo. Rt. 1	
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>Coronary Occlusion</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH <u>20 min</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 Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>About 8.45 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Quinton Tamm</u> Coroner 3		22b. ADDRESS Kennett Mo.	
22c. DATE SIGNED 1-5-59		22d. DATE SIGNED Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-4-59	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	23d. LOCATION (City, town, or county) Kennett
24. FUNERAL DIRECTOR Lentz Service		25. DATE RECD. BY LOCAL REG. Jan 5-1959	
26. REGISTRAR'S SIGNATURE <u>East. J. Hushard</u>			

COUNTY FILE NUMBER

1350

[Handwritten signature]

19

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 *Edgar D. Reed Ford*

Licensed Embalmer No. *4433*

P. O. Address *Kenneth, Ky.*

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.