

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002492

STATE FILE NUMBER

FILED FEB 13 1959 Registration District No. 294 Primary Registration District No. 3006 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moberly</b>		c. CITY OR TOWN <b>Moberly</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>800 Bond St.</b>		d. STREET ADDRESS (If outside, give location) <b>800 Bond St.</b>	
Length of stay in lb <b>15 yrs.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>MATTIE</b> Middle <b>LOUISE</b> Last <b>ALLTON</b>		4. DATE OF DEATH Month <b>JAN.</b> Day <b>31</b> Year <b>1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 25, 1870</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (City and state or country) <b>Kentucky</b>	
13a. FATHER'S NAME <b>Avery Littleton</b>		14. NAME OF HUSBAND OR WIFE <b>USA</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT <b>Leslie Schneder</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>myocarditis</b> DUE TO (b) <b>arterio-sclerosis</b> DUE TO (c) <b>flu-bronchitis - 5 wks. 4221</b>		INTERVAL BETWEEN ONSET AND DEATH <b>months</b> <b>yr.</b>	
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.)	
20c. TIME OF INJURY Hour <b>1:50 p.m.</b> Month, Day, Year <b>Jan. 31/59</b>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21. I attended the deceased from <b>Jan. 29/58</b> to <b>Jan. 31/59</b> and last saw her alive on <b>Jan. 31/59</b> Death occurred at <b>1:50 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>An R E Tube</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Feb. 2, 1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>		23d. LOCATION (City, town, or county) <b>Moberly Missouri</b>	
24. FUNERAL DIRECTOR <b>Mahan Funeral Service</b>		25. DATE RECD. BY LOCAL REG. <b>2-2-59</b>	
26. REGISTRAR'S SIGNATURE <b>Leah W. W. W.</b>		27. REGISTRAR'S SIGNATURE <b>Leah W. W. W.</b>	

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 John A. Green .....

Licensed Embalmer No. 3615 .....

P. O. Address Montgomery, 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.