

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004144

STATE FILE NUMBER

FILED JAN 14 1959

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 7

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Dexter</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Dexter</b> <b>10310</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>124 West St. Francis</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Alma</b> Middle <b>Irene</b> Last <b>Allen</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>1</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 checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 3, 1875</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>28</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired house-keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Livingston County, Ky.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>Jasper Allen</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Elizabeth Ramage</b>		14. NAME OF HUSBAND OR WIFE <b>None</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>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Mrs. Myrtle Miller,</b> Address <b>Dexter, Mo.</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>Cerebral decomposition</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) <b>Myocardial infarction</b>					<b>2 years</b>
DUE TO (c) <b>Myocardial infarction</b>					<b>2 years</b>
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 type="checkbox"/> NO <input checked="" 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.)		
20c. TIME OF INJURY Hour <b>8:30</b> Month, Day, Year <b>1956</b> a.m. <b>P.</b> p.m.					
20d. INJURY OCCURRED WHILE AT WORK <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 <b>June 3, 1956</b> to <b>Oct 3, 1956</b> and last saw her alive on <b>Oct 3, 1956</b> Death occurred at <b>8:30 P. M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>L. G. H. Poe</b> (Degree or title) <b>1956</b>		22b. ADDRESS <b>124 West St. Francis</b>		22c. DATE SIGNED <b>1/5/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>1-3-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Dexter</b>		23d. LOCATION (City, town, or county) (State) <b>Dexter, Missouri</b>
24. FUNERAL DIRECTOR <b>Strickland-Rainey</b> ADDRESS <b>Dexter, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-7-59</b>	26. REGISTRAR'S SIGNATURE <b>Delma D. Jenkins</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 *Lucille Pines* .....  
Licensed Embalmer No. *4983* .....  
P. O. Address *Repton, N.C.* .....

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.