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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004244
STATE FILE NUMBER

FILED FEB 3 1959 Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Nevada-Washington — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) State Hospital #3 — Length of stay in 1b: 15 yr 11 mo 26 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dade
c. CITY OR TOWN Everton — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) none — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Mary Middle Bessie Last Allen

4. DATE OF DEATH Month Jan Day 11 Year 1959

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct 28, 1887
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months 2 Days 14 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Dade County, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Luther Finley
13b. MOTHER'S MAIDEN NAME Mary Jane Lovell
14. NAME OF HUSBAND OR WIFE William L. Allen

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. unknown
17. INFORMANT Hospital Records — Address Nevada, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gen. Arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 March 1, 1956, to Jan 11, 1959 and last saw her/him alive on Jan 11, 1959
Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] — 22b. ADDRESS State Hospital #3, Nevada, Mo — 22c. DATE SIGNED 1-11-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE January 13, 1959
23c. NAME OF CEMETERY OR CREMATORY Sinking Creek Cemetery
23d. LOCATION (City, town, or county) Dade County (State) Missouri

24. FUNERAL DIRECTOR Birch Funeral Home — ADDRESS Ash Grove, Missouri
25. DATE RECD. BY LOCAL REG. 1-30-59
26. REGISTRAR'S SIGNATURE Anna E. Terry

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Richard E. Watts

Licensed Embalmer No. 4652

P. O. Address Oak Grove, 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.