

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006145

STATE FILE NUMBER

FILED FEB 26 1959

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 18

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1-57 4

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jefferson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DeSoto | | c. CITY OR TOWN Pilot Knob <i>c470</i> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DeSoto Rest Home | | Length of stay in lb 8 mo. | |
| d. STREET ADDRESS | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First EDNA Middle MYRTLE Last ALLERS | | | 4. DATE OF DEATH Month Feb. Day 16 Year 1959 |
| 5. SEX fem | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 10 1888 |
| 9. AGE (In years birthday) 70 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | 11. BIRTHPLACE (City and state or country) Salem Missouri <i>6</i> | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Herbert C. Page | 13b. MOTHER'S MAIDEN NAME Pearl Connor | 14. NAME OF HUSBAND OR WIFE George E. Allers | |
| 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. --- | 17. INFORMANT George V. Allers, Flat River Mo. Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Senility & arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 331X | | | INTERVAL BETWEEN ONSET AND DEATH 3 days 10 years |
| 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 Month, Day, Year a.m. 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 10/15/57 to Feb. 16, 59 and last saw her/him alive on Feb. 16, 59 Death occurred at 7.00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Chas. E. Owen, D.D. (Degree or title) 2 | | 22b. ADDRESS De Soto, Mo. | |
| 22c. DATE SIGNED 2/17/59 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 2-18-59 | 23c. NAME OF CEMETERY OR CREMATORY Arcadia Valley Memorial Park, Ironton Mo. | 23d. LOCATION (City, town, or county) (State) Ironton Mo. |
| 24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo. <i>and J. White</i> | | 25. DATE RECD. BY LOCAL REG. Feb. 17. 1959 | 26. REGISTRAR'S SIGNATURE Marie Harris |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FEB 26 1959

FEB 20 1959

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 *Ancely White*

Licensed Embalmer No. *3012*

P. O. Address *Denton, 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.