Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008795
STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 112

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp — Length of stay in 1b 30hrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Callaway
c. CITY OR TOWN New Bloomfield — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS 2 Mi South — (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First John. Middle Milton Last Allen
4. DATE OF DEATH Month April Day 10 Year 59
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH June 23-1913
9. AGE (In years last birthday) 45 — IF UNDER 1 YEAR Months 9 Days 17 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Factory Worker
10b. KIND OF BUSINESS OR INDUSTRY Tweedie's
11. BIRTHPLACE (City and state or country) New Bloomfield Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Opie Allen
13b. MOTHER'S MAIDEN NAME Nettie Mockabee
14. NAME OF ~~HUSBAND~~ OR WIFE Louise ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 490-09-6612
17. INFORMANT Mrs John M. Allen Address New Bloomfield

MEDICAL CERTIFICATION

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 metastases — INTERVAL BETWEEN ONSET AND DEATH 3 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinomatosis — 9 mos
DUE TO (c) Bronchogenic Carcinoma, Primary, Left Lung — 10 mos ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1621
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 Jan 9 1959, to April 10-59 and last saw ~~her~~ him alive on April 10, 59
Death occurred at 7 15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Donald Shull (Degree or title) MD
22b. ADDRESS 521 E. High Jefferson City Mo
22c. DATE SIGNED 4-11-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Buried
23b. DATE Apr. 12-59
23c. NAME OF CEMETERY OR CREMATORY Riverview Ceme
23d. LOCATION (City, town, or county) Jefferson City (State) Mo

24. FUNERAL DIRECTOR Claypool Ser ADDRESS New Bloomfield
25. DATE RECD. BY LOCAL REG. 11 April 1959
26. REGISTRAR'S SIGNATURE R. P. Harris, Asst-MR.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

VS APR 1 5 1959

MAY 1 6 1959

VS MAY 6 _ 1960

DEC 1 1962

VS MAY 1 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 ....LeRoy Clingpool.....

Licensed Embalmer No. 4412

P. O. Address New Bloomfield

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.