

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008948

STATE FILE NUMBER

FILED MAR 5 1959 Registration District No. 103 Primary Registration District No. 5417 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hornersville</u>		c. CITY OR TOWN <u>Hornersville</u> Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gen. Del</u>		d. STREET ADDRESS (If outside, give location) <u>Gen. Del</u>	
Length of stay in lb <u>10 days</u>		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>Tishia</u> Middle <u>Pearl</u> Last <u>Allen</u>		4. DATE OF DEATH Month <u>2</u> Day <u>26</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH <u>5-2-1891</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	
10a. FATHER'S NAME <u>Rueck Vance</u>		10b. MOTHER'S MAIDEN NAME <u>Bell Carpenter Vance</u>	
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. SOCIAL SECURITY NO. <u>443X</u>		14. NAME OF HUSBAND OR WIFE <u>A. A. Allen</u>	
15. INFORMANT <u>Mrs. Celeste Willyerd</u>		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) <u>acute congestive failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) <u>arteriosclerotic Cardiovascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u> <u>15 year</u> <u>20 year</u>	
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 ☐ NO ☒	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ITEM <u>4</u> CORRECTED BY AFFIDAVIT OF <u>Physician</u> <u>3-20-59 del</u>	
20c. TIME OF INJURY Hour <u>11:50</u> a.m. Month, Day, Year <u>2/26/59</u>		20d. INJURY OCCURRED WHILE AT ☐ 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 <u>Hornersville Mo.</u> COUNTY <u>Mo.</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>11/5/58</u> to <u>2/26/59</u> and last saw her alive on <u>2/26/59</u> Death occurred at <u>11:50</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>R. L. Polenski</u> (Degree or title) <u>MD</u>	
22b. ADDRESS <u>Hornersville Mo.</u>		22c. DATE SIGNED <u>3/2/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)
<u>Burial</u>	<u>2-28-59</u>	<u>Hornersville</u>	<u>Hornersville, Mo.</u>
24. FUNERAL DIRECTOR <u>Emerson Son</u> ADDRESS <u>Hornersville Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3/2/59</u>	
26. REGISTRAR'S SIGNATURE <u>Sue Palenske</u>			

Item added by query of fun. dir. 3-10-59
USE ONLY BLACK INK OR RUBBON TYPEWRITER IF POSSIBLE
All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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 W. J. Emerson

Licensed Embalmer No. 352

P. O. Address. San Antonio, Tex.

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.