

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018514  
STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 47

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>WRIGHT</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Neosho</b>		c. CITY OR TOWN <b>MANsfield</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sales Memorial</b>		d. STREET ADDRESS (If outside, give location) <b>1140</b>	
Length of stay in lb <b>2 days</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Perry</b> Middle <b>Alvin</b> Last <b>Allen</b>			4. DATE OF DEATH Month <b>June</b> Day <b>1</b> Year <b>1959</b>		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 3 WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>July 25, 1907</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TRUCK DRIVER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>TRANSportation</b>	11. BIRTHPLACE (City and state or country) <b>WRIGHT County MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Roscoe Allen</b>	13b. MOTHER'S MAIDEN NAME <b>CARRIE THOMPSON</b>	14. NAME OF HUSBAND OR WIFE
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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>UNKNOWN</b>	17. INFORMANT <b>Roscoe Allen</b> Address <b>MANsfield MO.</b>
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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>Arterio sclerotic Heart disease with valvular heart disease (mitral insuff) and decompensation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4200</b>		19. WAS AUTOPSY PERFORMED? <b>2</b> 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from <b>May 21, 1959</b> to <b>June 1, 1959</b> and last saw <sup>her</sup> alive on <b>June 1, 1959</b> Death occurred at <b>6 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Harold C. Bentz, M.D.</b>	22b. ADDRESS <b>Neosho, Mo</b>	22c. DATE SIGNED <b>6-3-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>June 1, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OAK GROVE</b>	23d. LOCATION (City, town, or county) (State) <b>WRIGHT County MO.</b>
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24. FUNERAL DIRECTOR <b>Max S. Miller</b> ADDRESS <b>MANsfield Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>June 1, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Melvin C. Bourman, M.D.</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc., must use only standard nomenclature in Part I. No symptoms will be traced. All diseases in Part I must be causally related.

Date Filed JUN 5 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 *Max J Miller* .....

Licensed Embalmer No. *4720* .....

P. O. Address... *Manfield* .....

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.