Health, & Welfare Public Service

5. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020555
STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 43 Primary Registration District No. Registrar's No. 270

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Francis Twsp. Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home Length of stay in 1b

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

3. NAME OF DECEASED (Type or print): First: Joe Middle: Martin Last: Allen

4. DATE OF DEATH Month Day Year: June 1, 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: Sept. 22, 1894

9. AGE (In years last birthday): 64 IF UNDER 1 YEAR: Months 8 Days 9 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hudson Motor Co. Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Crutchfield, Ky.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Thomas C. Allen

13b. MOTHER'S MAIDEN NAME: Fannie Clark

14. NAME OF HUSBAND OR WIFE: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 400-16-3276

17. INFORMANT Address: Mrs. E.H. Davis, Williamsville, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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): Apoplexy or Coronary attack (Found dead) — Interval between onset and death: Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c): 444X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes mellitus, Cerebral encephalopathy, arteriosclerosis

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.)
Heading in 1957, This man was found dead after digging for a grandson.

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

Often refused to have Rx filled. Last Visit 12 Jan 59.

21. I attended the deceased from 31 July 58, to 12 January 59 and last saw him alive on 12 January 59.
Death occurred at 6:30 A.M. on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title): Emil A. Rost M.D.

22b. ADDRESS: Poplar Bluff, Mo.

22c. DATE SIGNED: 4 June 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6-4-59

23c. NAME OF CEMETERY OR CREMATORY: City Cem.

23d. LOCATION (City, town, or county) (State): Poplar Bluff, Mo.

24. FUNERAL DIRECTOR ADDRESS: Frank-Cotrell Poplar Bluff, Mo.

25. DATE RECD. BY LOCAL REG.: 6/13/59

26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

FILE No.

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 Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff,

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.