

FILED VS JUL 22 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-024640
STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kennett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Gideon</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <u>Memorial Co.</u> <u>32 days</u>				d. STREET ADDRESS (If outside, give location) <u>2 mi S.E. Gideon</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First <u>Star</u> Middle Last <u>SUSIE EULENE ALLEN</u>				4. DATE OF DEATH Month <u>7</u> Day <u>2</u> Year <u>1959</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>4-24-1926</u>	
9. AGE (In years last birthday) <u>33</u>		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Danville, Ark</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Virgil Gilkey</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Freeman</u>		14. NAME OF HUSBAND OR WIFE <u>James Allen</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>James Allen</u>		Address <u>Gideon, Mo.</u>	
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>Carcinoma of Stomach</u> 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) <u>151X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>	
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 _____ a.m. _____ p.m. Month, Day, Year _____							
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 <u>May 1959</u> to <u>July 1959</u> and last saw her alive on <u>July 2, 1959</u> Death occurred at <u>11:55 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Chester R. Beck M.D.</u>				22b. ADDRESS <u>Kennett Mo</u>		22c. DATE SIGNED <u>7-14-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-5-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hamfield Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Clarkton, Mo</u>	
24. FUNERAL DIRECTOR <u>Lloyd Russell Tiggott Ark.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>7-15-59</u>		26. REGISTRAR'S SIGNATURE <u>Earl H. Haskins</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUL 28 1959

COUNTY FILE NUMBER

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 Lloyd Russell
Licensed Embalmer No. 509-Dr
P. O. Address Jiggatt, Ar

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.