

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024869

FILED VS. AUG 4 1959 33

Primary Registration District No. 3022

Registrar's No. 89

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Harrison</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bethany</b> Length of stay in 1b <b>1 Month</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>at home</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Harrison</b> c. CITY OR TOWN <b>Bethany</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>Central St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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<b>3. NAME OF DECEASED</b> (Type or print) First <b>Luther</b> Middle <b>Martin</b> Last <b>Allen</b>			<b>4. DATE OF DEATH</b> Month <b>7</b> Day <b>26</b> Year <b>1959</b>		
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<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>2-26-77</b>	<b>9. AGE (last birthday)</b> <b>82</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>0</b>	IF UNDER 24 HR. Hours <b>0</b> Min. <b>0</b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Retired</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>Harrison County, Mo. U. S.</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U. S.</b>
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<b>13a. FATHER'S NAME</b> <b>James T. Allen</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Elzira Hubbard</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Laura M.</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT</b> <b>Mrs. Laura Allen, Bethany, Mo.</b> Address
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CONGESTIVE HEART FAILURE.</b> DUE TO (b) <b>CORONARY INSUFFICIENCY.</b> DUE TO (c) <b>ARTERIOSCLEROTIC HEART DISEASE</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>months</b> <b>years</b> <b>years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
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<b>20c. TIME OF INJURY</b> Hour <b>11:30</b> a.m. / p.m. Month, Day, Year	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>
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<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b>	<b>STATE</b>
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**21. I attended the deceased from** 4-22-57 **to** 7-26-59 **and last saw him alive on** 7-24-59  
**Death occurred at** 11:30 **A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> <i>Albert F. Wilhe m.d.</i> (Degree or title)	<b>22b. ADDRESS</b> <b>Bethany, Mo.</b>	<b>22c. DATE SIGNED</b> <b>7-27-59</b> (State)
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>23b. DATE</b> <b>7-28-1959</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Hobbs</b>	<b>23d. LOCATION</b> (City, town, or county) <b>Eagleville, Mo.</b> (State)
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<b>24. FUNERAL DIRECTOR</b> <b>M. B. Haas, Bethany, Mo.</b> ADDRESS	<b>25. DATE RECD. BY LOCAL REG.</b> <b>7-27-1959</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Jella Mackey</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed MB Haas

Licensed Embalmer No. 389

P. O. Address Bethany

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.