

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 8 1959 53

59-028374

Registration District No. Primary Registration District No. Registrar's No. 311

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir.			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 35 years		c. CITY OR TOWN Cape Girardeau		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 336 Country Club Dr.		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 336 Country Club Dr.		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Middle Last Linder Birch Allen				4. DATE OF DEATH Month Day Year August 27, 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 12-9-1881	9. AGE (last birthday) 77	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Carrier		10b. KIND OF BUSINESS OR INDUSTRY U. S. Postal Dep't		11. BIRTHPLACE (City and state or country) Millersville, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Birch		13b. MOTHER'S MAIDEN NAME Link		14. NAME OF HUSBAND OR WIFE Myrtle Allen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, NO or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 492-16-5621		17. INFORMANT Myrtle Allen Cape Girardeau, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) excessive physical exertion (polishing car) DUE TO (c) immediate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) previous coronary thrombosis 11 months ago						INTERVAL BETWEEN ONSET AND DEATH immediate	
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.) no injury			
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	
21. I attended the deceased from June 27, 1955 to Aug. 27, '59 and last saw him alive on Aug. 15, 1959 Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Regree or title) R. M. Stevenson, D.O.				22b. ADDRESS 202-206 Birch Blg. Cape Girardeau, Mo		22c. DATE SIGNED Aug 3, 1959	
23a. BURIAL, CREMATION, REMOVAL (specify) Burial		23b. DATE 8-29-1959		23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (city, town, or county) (State) Cape Girardeau, Mo.	
24. FUNERAL DIRECTOR Ford & Sons Cape Girardeau, Mo.				25. DATE RECD. BY LOCAL REG. 9-1-59		26. REGISTRAR'S SIGNATURE Drene Kasten	

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 W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, Mo.

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.