

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028426

FILED VS SEP 3 1959

Registration District No. 5-9 Primary Registration District No. 4097 Registrar's No. 139

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Harrisonville</u>		Length of stay in lb <u>3 1/2 days</u>		c. CITY OR TOWN <u>Garden City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2 1/2 miles N.W.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Emaline</u> Last <u>Allen</u>				4. DATE OF DEATH Month <u>8</u> Day <u>26</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>12-22-1874</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>    </u> Days <u>    </u>	IF UNDER 24 HR Hours <u>    </u> Min. <u>    </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state of country) <u>St. Clair Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Todd</u>			13b. MOTHER'S MAIDEN NAME <u>Samantha Gamble</u>			14. NAME OF HUSBAND OR WIFE <u>Bird 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>490-42-6484</u>		17. INFORMANT <u>Mr. Bird Allen</u>			Address <u>Garden City, Missouri</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>ARTERIOSCLEROTIC HEART DISEASE</u>							INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? 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.)					
20c. TIME OF INJURY Hour <u>    </u> a.m. <u>    </u> p.m. <u>    </u> Month, Day, Year <u>    </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NO</u>		20f. CITY, TOWN, OR LOCATION <u>Harrisonville Mo</u>		COUNTY <u>    </u> STATE <u>    </u>		
21. I attended the deceased from <u>8-25-59</u> to <u>8-26-59</u> and last saw her alive on <u>8-26-59</u> Death occurred at <u>    </u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>				22b. ADDRESS <u>Harrisonville Mo</u>			22c. DATE SIGNED <u>28 Aug 1959</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-28-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Garden City Cemetary</u>		23d. LOCATION (City, town, or county) (State) <u>Garden City, Missouri</u>			
24. FUNERAL DIRECTOR <u>Robinson - Dickson - Mauden City, Mo Aug 28 1959</u>				25. DATE RECD. BY LOCAL REG. <u>28 Aug 1959</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Ray Seabee</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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**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 Billy J. Lively

Licensed Embalmer No. 4685

P. O. Address Shadon City,

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

*[Faint handwritten text at the bottom of the page]*