

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028679

FILED VS AUG 18 1959 720

Registration District No. Primary Registration District No. Registrar's No. 76

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MD</u> b. COUNTY <u>Stearns</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JACKSON TWP.</u>		Length of stay in 1b <u>6 yrs</u>		c. CITY OR TOWN <u>StANberry</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>S.W. of StANberry 5 miles</u>				d. STREET ADDRESS (If outside, give location) <u>3rd & Locust St</u>		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>Mrs. Mary</u> Middle <u>S.</u> Last <u>ALLEN</u>				4. DATE OF DEATH Month <u>8</u> Day <u>10</u> Year <u>1959</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH <u>11/1/1871</u> 88	
9. AGE (last birthday)		IF UNDER 1 YEAR Months <u>8</u> Days <u>10</u>		IF UNDER 24 HR Hours <u>8</u> Min. <u>10</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 <u>At Home</u>		11. BIRTHPLACE (City and state or country) <u>Greenboro, Ohio</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Thomas SUMMERS</u>				13b. MOTHER'S MAIDEN NAME <u>Moneta HACKLEMAN</u>			
14. NAME OF HUSBAND OR WIFE <u>FRANK 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>NONE</u>			
17. INFORMANT <u>Mrs. M. W. Bare</u>				Address <u>Stearns, MD</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>Myocarditis</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>Bronchitis - Senility</u> PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown							
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.)			
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 <u>1950</u> to <u>Aug 10-59</u> and last saw her <u>alive</u> on <u>Aug 10-1959</u> Death occurred at <u>7:45 P.</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>R. J. Milligan</u> (Degree or title)				22b. ADDRESS <u>Stearns MD</u>		22c. DATE SIGNED <u>8-11-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8/12/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>		23d. LOCATION (City, town, or county) (State) <u>Stearns MD</u>	
24. FUNERAL DIRECTOR <u>Phillips Montway Stearns</u>		ADDRESS <u>MD</u>		25. DATE RECD. BY LOCAL REG. <u>8-11-59</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

L. G. Phillips

Licensed Embalmer No. 1898

P. O. Address Storke

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.