

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 6 3 3

FILED VS DEC 21 1959 61

STATE FILE NUMBER

RECEIVED

Registration District No. 61 Primary Registration District No. 5236 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Box</u>		Length of stay in 1b		c. CITY OR TOWN <u>El Dorado Springs</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>El Dorado Springs</u>		Inside Limits Yes ☐ No ☒		d. STREET ADDRESS <u>Ph. # 5</u>		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>Sorrah</u> Middle <u>E</u> Last <u>Allen</u>				4. DATE OF DEATH Month <u>12</u> Day <u>10</u> Year <u>59</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>10-20-1882</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u>		IF UNDER 24 HR. Hours <u>7</u> Min. <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and state or country) <u>Cedar Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Blaud</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Douglas</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Allen (Deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or known) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mrs. Virgil Davis - El Dorado Springs</u> Address <u>—</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Acute myocardial ~~infarction~~ failure</u>							
DUE TO (b) <u>Arteriosclerotic heart disease</u>							
DUE TO (c) <u>—</u>							
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. ☐ 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 <u>—</u> a.m. <u>—</u> p.m. <u>—</u>	Month, Day, Year <u>12-10-59</u>						
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>12-10-59</u> , to <u>12-10-59</u> and last saw him alive on <u>12-10-59</u>		Death occurred at <u>5:15 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Robert L. Magee, M.D.</u> (Degree or title)				22b. ADDRESS <u>1114 West Spring El Dorado Springs, Mo.</u>		22c. DATE SIGNED <u>12-12-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>12-12-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wachman Cemetery</u>		23d. LOCATION (City, town, or county) <u>Cedar Co., Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Swain Parathene El Dorado Springs</u>		ADDRESS <u>—</u>		25. DATE RECD. BY LOCAL REG. <u>12-12-59</u>		26. REGISTRAR'S SIGNATURE <u>Ruth M. Hefner</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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed May W. Dickering

Licensed Embalmer No. 7696

P. O. Address El Dorado

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.