

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007686

FILED VS MAR 14 1960

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STATE FILE NUMBER

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

NDED

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly	Length of stay in 1b 37 Years	c. CITY OR TOWN Moberly	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Wabash Employes' Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 630 Farror Street
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First LOREN Middle B. Last ALLEN	4. DATE OF DEATH Month March Day 1 Year 1960
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/16/1885	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman - Retired	10b. KIND OF BUSINESS OR INDUSTRY Wabash RR Company	11. BIRTHPLACE (City and state or country) Sumner Missiuri	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME John Allen	13b. MOTHER'S MAIDEN NAME Mary Frances Naylor	14. NAME OF HUSBAND OR WIFE Alberta M. Allen
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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. 703-01-1162	17. INFORMANT Mrs. Alberta M. Allen Moberly, Mo.	Address _____
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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 6 Days
IMMEDIATE CAUSE (a) Coronary infarction		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) Hypertensive Cardiovascular Disease	Years _____
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

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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from Feb. 25, 1960 to Mar. 1, 1960 and last saw him alive on Mar. 1, 1960
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Death occurred at 8:40 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>L. K. McMurtry, M.D.</i>	22b. ADDRESS Wabash Employes' Hospital Moberly, Missouri	22c. DATE SIGNED 3/1/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar, 4, 1960	23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	23d. LOCATION (City, town, or county) Moberly, Missouri.
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24. FUNERAL DIRECTOR Cater Funeral Home Moberly, Mo.	ADDRESS _____	25. DATE RECD. BY LOCAL REG. 2-4-60	26. REGISTRAR'S SIGNATURE <i>Leah Loue</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

Jerry B. Carter

Licensed Embalmer No. 4906

P. O. Address Moberly, 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.