URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-009631

STATE FILE NUMBER

FILED VS MAR 1 1960

ENDED

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY VERNON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON TOWNSHIP
Length of stay in 1b 10 Y. 8 M. 1 DAY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSP. # 3, NEVADA, MO
Inside Limits Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN ~~JASPER~~ JOPLIN
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 720 NEW HAMPSHIRE AVE.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Audrey Middle: Viola Last: Allen
4. DATE OF DEATH Month: FEBR. Day: 20, Year: 1960
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: JULY 24, 1886
9. AGE (last birthday): 73 yrs
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HR: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): MISSOURI
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: WESLEY ALEXANDER ANGLE
13b. MOTHER'S MAIDEN NAME: KATY BELL WAITS
14. NAME OF HUSBAND OR WIFE: WM. HARRISON ALLEN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: — —
17. INFORMANT: HOSP. RECORDS Address: STATE HOSP. # 3 NEVADA, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BRONCHO PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 1 WEEK
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): GENERALIZED ART. SCLEROSIS
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 JULY 24, 1940 to FEBR. 20, 1960 and last saw her/him alive on
Death occurred at 9:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George Eskew M.D. (Degree or title)
22b. ADDRESS STATE HOSP. NEVADA, MO
22c. DATE SIGNED 2-20-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-22-60
23c. NAME OF CEMETERY OR CREMATORY: Forest Park Cemetery,
23d. LOCATION (City, town, or county) (State): Joplin, Missouri

24. FUNERAL DIRECTOR ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MISSOURI
25. DATE RECD. BY LOCAL REG.: Feb 24 1960
26. REGISTRAR'S SIGNATURE: Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed F. M. Jones

Signature of Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin M

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