

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010156

FILED VS MAR 22 1960

STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 4070 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Camden.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Camden	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stoutland, Missouri	Length of stay in 1b 12 yrs.	c. CITY OR TOWN Stoutland, Missouri	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Stoutland, Mo.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Stoutland, Mo.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Sarah Middle F. Last Allee.			4. DATE OF DEATH Month March Day 7, Year 1960			
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5. SEX Female	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 12/29/1889	9. AGE (last birthday) 70	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) Housewife.	10b. KIND OF BUSINESS OR INDUSTRY None.	11. BIRTHPLACE (City and state or country) Brumley, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Thomas Davenport.	13b. MOTHER'S MAIDEN NAME Unknown.	14. NAME OF HUSBAND OR WIFE Horace G. Allee.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None.	17. INFORMANT Horace G. Allee Address Stoutland, Mo
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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: IMMEDIATE CAUSE (a) Pneumonia, Virus		INTERVAL BETWEEN ONSET AND DEATH one 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) Rheumatoid arthritis	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
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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"/> None	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 _____ a.m. _____ p.m.	Month, Day, Year
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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 Lebanon, Missouri	COUNTY _____ STATE _____
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21. I attended the deceased from **4/18/54** to **3/7/60** and last saw her **3/6/60** alive on _____
Death occurred at **11:30** P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Dee-see or title) George E. Fisher M.D.	22b. ADDRESS Lebanon, Missouri	22c. DATE SIGNED 3/11/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/10/60	23c. NAME OF CEMETERY OR CREMATORY Mt. Union Cemetery	23d. LOCATION (City, town, or county) (State) Brumley, Missouri
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24. FUNERAL DIRECTOR Hedges Funeral Home Stoutland, Mo	25. DATE RECD. BY LOCAL REG. Mar. 14-1960	26. REGISTRAR'S SIGNATURE Zilpha J. Traw.
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(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 Clarence E. Moss

Licensed Embalmer No. 4896

P. O. Address Waverlyville, 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.