

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010523

FILED VS MAR 28 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 343

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield,		Length of stay in 1b 4 years	c. CITY OR TOWN Springfield, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Springfield Baptist Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1908 W. Water Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First PHYLLIS Middle KAY Last ALLEN			4. DATE OF DEATH March 19, 1960 Month Day Year		
---	--	--	--	--	--

5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH October 31, 1954	9. AGE (last birthday) 5 IF UNDER 1 YEAR Months 4 Days 18	IF UNDER 24 HR Hours 18 Min.
----------------------	-------------------------------	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY In Home	11. BIRTHPLACE (City and state or country) Fort Leonard, Mo.	12. CITIZEN OF WHAT COUNTRY USA
---	---	--	---

13a. FATHER'S NAME Phillip K. Allen	13b. MOTHER'S MAIDEN NAME Emily Baker	14. NAME OF HUSBAND OR WIFE None
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mr. Phillip K. Allen Springfield, Mo.
---	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intracranial Tumor, Type Undeterm.		INTERVAL BETWEEN ONSET AND DEATH 9 mos
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) Internal Hydrocephalus	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
--	---

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
--	---	--

20c. TIME OF INJURY Hour 3:15 a.m. p.m. Month, Day, Year	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 Springfield, Mo	COUNTY Greene	STATE Missouri
---	--	--	--	-------------------------	--------------------------

21. I attended the deceased from 2-3-60 to 3-19-60 and last saw ^{her} alive on 3-19-60 Death occurred at 1:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.	
---	--

22a. SIGNATURE Don S. Overeul MD (Degree or title)	22b. ADDRESS Springfield, Mo	22c. DATE SIGNED 3-21-60
--	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 22, 1960	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) Lebanon, Missouri
--	------------------------------------	--	---

24. FUNERAL DIRECTOR Gorman-Scharpf Funeral Home Springfield, Missouri	25. DATE RECD. BY LOCAL REG. 3-23-60	26. REGISTRAR'S SIGNATURE Effie G. Meeton
--	--	---

(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. Edwin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, Mo.

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.

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010523

FILED VS MAR 2 S 1960

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 343

STATE FILE NUMBER

NEED

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Springfield,		Length of stay, in 1b 4 years	c. CITY OR TOWN Springfield,
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Springfield Baptist Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 1908 W. Water
3. NAME OF DECEASED (Type or print) First Middle Last PHYLLIS KAY ALLEN			4. DATE OF DEATH Month Day Year March 19, 1960
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH October 31, 1954
9. AGE (last birthday) 5	IF UNDER 1 YEAR Months 4 Days 18	IF UNDER 24 HR Hours 18 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY In Home	11. BIRTHPLACE (City and state or country) Fort Leonard Wood, Mo.
12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Phillip K. Allen		13b. MOTHER'S MAIDEN NAME Early Baker	14. NAME OF HUSBAND OR WIFE Ruth Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mr. Phillip K. Allen Springfield, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intracranial Tumor, Type Unknown			INTERVAL BETWEEN ONSET AND DEATH 9 mos
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) Internal Hydrocephalus		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	
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
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
21. I attended the deceased from 2-3-60 to 3-19-60 and last saw ^{her} alive on 3-19-60 Death occurred at 1:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Don S. Overland M.D. (Degree or title)		22b. ADDRESS Springfield, Mo	22c. DATE SIGN. 3-21-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 22, 1960	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) Lebanon, Missouri
24. FUNERAL DIRECTOR Gorman-Scharpf Funeral Home Springfield, Missouri		25. DATE RECD. BY LOCAL REG. 2-23-60	26. REGISTRAR'S SIGNATURE Effie O. Meeton

amended item 13b by affidavit for funeral home 3/28/85

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

100

100