

**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS AUG 8 1960

-60-027891

Registration District No. 282 Primary Registration District No. \_\_\_\_\_ Registrar's No. 87 STATE FILE NUMBER

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|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Polk</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Humansville</u>                        |  | Length of stay in 1b <u>7 weeks</u>  | c. CITY OR TOWN <u>Montgomery Township</u>                                  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Summit Memorial Hospital</u> |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <u>1 1/2 Mile N of Quincy</u> |
| Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |  |  |   |

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|---|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><u>Armada Erdine Allen</u> |  |  | 4. DATE OF DEATH Month Day Year<br><u>July 31 - 1960</u> |  |  |  |
|---|--|--|--|--|--|--|

|                      |                               |  |                                      |                                  |   |  |
|----------------------|-------------------------------|--|--------------------------------------|----------------------------------|---|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>June 11 - 86</u> | 9. AGE (last birthday) <u>74</u> | IF UNDER 1 YEAR<br>Months <u>1</u> Days <u>20</u> | IF UNDER 24 HR<br>Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (City and state or country) <u>Independence, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Eliab Cagle</u> | 13b. MOTHER'S MAIDEN NAME <u>Melissa Duncan</u> | 14. NAME OF HUSBAND OR WIFE <u>Harry Allen</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT Address <u>Mrs. Lloyd Huffau - Humansville</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Malignant Lymphoma of abdomen</u> |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>?</u> |          |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <u>Primary Carcinoma Left Breast</u> |  | <u>?</u> |
|  | DUE TO (c)                                      |  |          |

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| 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.<br><input type="checkbox"/> Yes <input 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"/> | 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 COUNTY STATE |
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| 21. I attended the deceased from <u>9:07</u> <u>1958</u> to <u>July 1960</u> and last saw her alive on <u>July 31, 1960</u><br>Death occurred at <u>7:07</u> <u>PM</u> on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) <u>G. G. Robinson M.D.</u> | 22b. ADDRESS <u>Humansville, Mo.</u> | 22c. DATE SIGNED <u>8/2/60</u> |
|---|--------------------------------------|--------------------------------|

|   |                         |   |   |
|---|-------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>8-2-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>McLain Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Quincy, MO</u> |
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| 24. FUNERAL DIRECTOR ADDRESS <u>Robert Hathaway, Wheatland, Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>Aug 4, 1960</u> | 26. REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell Gordon</u> |
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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 Chas Gilbert Hawthorn

Licensed Embalmer No. 4267

P. O. Address W. H. Howard

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.