

UNITED STATES DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 15 1960/ 60

60-031085
STATE FILE NUMBER

Registration District No. 5592

Primary Registration District No. 112

Registrar's No.

112

ENDED

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFF.				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL JOACHIM		Length of stay in 1b 2YRS.		c. CITY OR TOWN FESTUS		Inside Limits Yes ☐ No ☒		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MT. VIEW N. HOME			Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location) R #3		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First JAMES Middle S. Last ALLEN				4. DATE OF DEATH Month 9 Day 8 Year 60				
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH 5-12-1887		
9. AGE (last birthday) 73		IF UNDER 1 YEAR Months ☐ Days ☐ Hours ☐ Min. ☐		IF UNDER 24 HR Months ☐ Days ☐ Hours ☐ Min. ☐				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED			10b. KIND OF BUSINESS OR INDUSTRY P.P.G. CO.		11. BIRTHPLACE (City and state or country) WAYNE CO. MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JOHN ALLEN			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE ***		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT JOSEPH BOYER FESTUS, MO R#3			
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 1/2 w.	
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)						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 2-2-59 to 9-8-60 and last saw him alive on 9-8-60 Death occurred at 9:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE B. D. D. annell M.D. (Degree or title)				22b. ADDRESS 112 Mississippi Ave Crystal City, Mo.		22c. DATE SIGNED 9-10-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9-11-60		23c. NAME OF CEMETERY OR CREMATORY GAMEL CEMETERY		23d. LOCATION (City, town, or county) (State) FESTUS, MO.		
24. FUNERAL DIRECTOR GENTRY R. POLITTE		ADDRESS CRYSTAL CITY, MO.		25. DATE RECD. BY LOCAL REG. 9/10/60		26. REGISTRAR'S SIGNATURE John N. Holladay		

(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 Anthony R. Politti

Licensed Embalmer No. 3481

P. O. Address Crystal City

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.