

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034024

FILED VS OCT 4 1960  
INDEXED

Registration District No. 46 Primary Registration District No. 4063 Registrar's No. 49

STATE FILE NUMBER

|   |   |   |  |   |  |  |  |
|---|---|---|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Caldwell</b>  |   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b> |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Hamilton</b>  |   | Length of stay in 1b<br><b>36 Yrs.</b>  |  | c. CITY OR TOWN <b>Hamilton</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION  |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location)   |  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Lewis</b> Middle <b>Emmett</b> Last <b>Allee</b>  |   |   |  | 4. DATE OF DEATH<br>Month <b>Sept.</b> Day <b>22,</b> Year <b>1960</b>  |  |  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>4/23/1881</b>  | 9. AGE (last birthday)<br><b>79</b>                                | IF UNDER 1 YEAR<br>Months Days Hours Min.  | IF UNDER 24 HR   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Ret. Interior Decorator</b>   |   |   | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (City and state or country)<br><b>Hamilton, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |  |
| 13a. FATHER'S NAME<br><b>Taylor Allee</b>   |   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Nancy S. Whitt</b>                                   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Chloe Allee</b>                  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 16. SOCIAL SECURITY NO.<br><b>497-14-4841</b>   | 17. INFORMANT Address<br><b>Dale Taylor Allee, Alexandria, Va</b>                    |   |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Hypostatic Pneumonia</b>   |   |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>24 hours</b>  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Cerebral Hemorrhage</b>   |   |   |  |   |  | <b>10 days</b>   |  |
| DUE TO (c) <b>Generalized Arterio-Sclerosis</b>   |   |   |  |   |  | <b>Don't know</b>  |  |
| 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 |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <b>3<sup>PM</sup></b> Month, Day, Year <b>Sept. 22, 1960</b><br>a.m. p.m.   |   |   |  |   |  |  |  |
| 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<br><b>Hamilton</b>   |  | COUNTY   | STATE  |
| 21. I attended the deceased from <b>Sept. 12, 1960</b> to <b>Sept. 22, 1960</b> and last saw <sup>her</sup> him alive on <b>Sept. 22, 1960</b><br>Death occurred at <b>3<sup>PM</sup> A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |   |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>Herbert R. Brook M.D.</b>  |   |   |  | 22b. ADDRESS<br><b>Hamilton Mo</b>  |  | 22c. DATE SIGNED<br><b>9/24/60</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>9/25/1960</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Highland Cemetery</b>  |  | 23d. LOCATION (City, town, or county)<br><b>Hamilton, Mo.</b>   |  | (State)  |  |
| 24. FUNERAL DIRECTOR<br><b>Morria A. Bram</b>   |   |   | ADDRESS<br><b>Hamilton, Mo.</b>  |   | 25. DATE REC'D BY LOCAL REG.<br><b>Sept 27-60</b>                  | 26. REGISTRAR'S SIGNATURE<br><b>Gladys Jones</b>   |  |

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

*Walter A. Oldfield*

Licensed Embalmer No. *4542*

P. O. Address *Hamilton*

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.