

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035435

FILED VS OCT 10 1960 187

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 182

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Length of stay in 1b 4 Months		c. CITY OR TOWN Tina		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Miller Rest Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) North Part Town		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Edward Preston Allen				4. DATE OF DEATH Month Day Year September 30, 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/23/1880	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months 11 Days 7	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Bagnel, Missouri	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Joseph Allen			13b. MOTHER'S MAIDEN NAME Susan Garr			14. NAME OF HUSBAND OR WIFE Elizabeth Thrialkill		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ?		17. INFORMANT Address Dennis Allen, Hale, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Cerebral anoxia							30 min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebro vascular accident							30 min.	
DUE TO (c) Generalized Arteriosclerosis								
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. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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 September 11, 1960 , to September 29, 1960 and last saw him live on September 29, 1960 Death occurred at 3 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>James D. Anthony</i> (Degree or title) D.O.				22b. ADDRESS Chillicothe, Missouri		22c. DATE SIGNED 10-3-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/4/1960	23c. NAME OF CEMETERY OR CREMATORY Bolles Cemetery		23d. LOCATION (City, town, or county) (State) Lebanon, Missouri			
24. FUNERAL DIRECTOR Clifford W Austin, Tina, Missouri				25. DATE RECD. BY LOCAL REG. Oct 3, 1960	26. REGISTRAR'S SIGNATURE <i>Annalee Taylor</i>			

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 Clifford W Austin
Clifford W Austin
Licensed Embalmer No. 3233

P. O. Address Tina, Missouri

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.