RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-039177

STATE FILE NUMBER

FILED VS OCT 24 1960

Registration District No. 254 Primary Registration District No. 4386 Registrar's No. 46

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DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Oregon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Thayer — Length of stay in 1b: 71 year
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Oregon
c. CITY OR TOWN: Thayer — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Allie Middle: Mae Last: Allen

4. DATE OF DEATH: Month: 10 Day: 14 Year: 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7-14-1889

9. AGE (last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (City and state or country): Oregon Co., Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John W. Ledbetter

13b. MOTHER'S MAIDEN NAME: Rachel E. Cotton

14. NAME OF HUSBAND OR WIFE: James Edgar Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: 500-38-7632

17. INFORMANT: James Edgar Allen, Address: Thayer, Mo.

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)	Cardiac and Respiratory Arrest	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Terminal C.A. (Giant Cell Lypoma)	
DUE TO (c)	Senile Body Changes	

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: Thayer COUNTY: Oregon STATE: Missouri

21. I attended the deceased from Jan. 20, 1949, to Oct. 14, 1960 and last saw her/~~his~~ alive on Oct. 14, 1960
Death occurred at 9:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Wm Carhart (Degree or title) D.O.

22b. ADDRESS: Alton, Mo.

22c. DATE SIGNED: 10-17-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10-16-60

23c. NAME OF CEMETERY OR CREMATORY: Thayer Cemetery

23d. LOCATION (City, town, or county) (State): Thayer, Missouri

24. FUNERAL DIRECTOR: Carter Funeral Home, ADDRESS: Thayer, Mo.

25. DATE RECD. BY LOCAL REG.: 10-19-1960

26. REGISTRAR'S SIGNATURE: Arthur Wolff

(Licensed Embalmer's Statement on Reverse Side)

JAN 17 1961

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_____

Licensed Embalmer No. 4516

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.