

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 23 1960

60-045066

DED

Registration District No. 11 Primary Registration District No. 5053 Registrar's No. 108

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Barry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Shell Knob, Missouri</b>		Length of stay in 1b <b>Life</b>		c. CITY OR TOWN <b>Shell Knob, Missouri</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home, Shell Knob</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>unknown</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Bynum</b> Last <b>Allen</b>				4. DATE OF DEATH Month <b>Nov.</b> Day <b>28</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-28-1881</b>	9. AGE (last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>		IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and state or country) <b>Barry Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Harry Allen</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Rickman</b>		14. NAME OF HUSBAND OR WIFE <b>Maggie (Lowder) Allen</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT Address <b>Mrs. Maggie Allen, Shell Knob, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Acute coronary occlusion</b> DUE TO (c) <b>Coronary athrosclerosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>sudden death</b> <b>11</b> <b>11</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes mellitus</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <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 <b>a.m.</b> Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>10-6-59</b> , to <b>***</b> and last saw him alive on <b>10-6-60</b> Death occurred at _____ m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>H. P. Quinn</b> (Degree or title)				22b. ADDRESS <b>Crane, Missouri</b>		22c. DATE SIGNED <b>11-29-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-2-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>McGuire Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Stone Co. Missouri</b>	
24. FUNERAL DIRECTOR <b>Nelson Funeral Home, Berryville, Ark.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>12-14-60</b>		26. REGISTRAR'S SIGNATURE <b>Grace Williams</b>	

(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 Charles M. Nelson

Licensed Embalmer No. 5002

P. O. Address Benningville, Mo.

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.