

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 10 1961

-60-045254

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 683

1. PLACE OF DEATH a. COUNTY BUTLER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUTLER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in 1b 14 Years		c. CITY OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 625 ABBOTT STREET			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First RAYMOND Middle OTTO Last ALLEN				4. DATE OF DEATH Month DECEMBER Day 21 , Year 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-31-24	9. AGE (last birthday) 36	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SERVICE MANAGER		10b. KIND OF BUSINESS OR INDUSTRY TIRE SVC. & SALES		11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME OTTO B. ALLEN			13b. MOTHER'S MAIDEN NAME DOSHA HARTLE		14. NAME OF HUSBAND OR WIFE NELLIVEE ALLEN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII		16. SOCIAL SECURITY NO. 486326291		17. INFORMANT Address NELLIVEE ALLEN, WIFE, SAME AS 2C, D.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIA, SECONDARY TO:						INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (b) GUNSHOT WOUND, ABDOMEN.						3 DAYS.	
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. <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 checked="" 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.) ACCIDENTAL GUNSHOT WOUND OF ABDOMEN WHILE HUNTING.					
20c. TIME OF INJURY 11:00 a.m. 12/18/60							
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.) Wooded forest area.		20f. CITY, TOWN, OR LOCATION Near Fisk, Missouri		COUNTY Butler	STATE Mo.
21. I attended the deceased from December 18, 1960 to Dec. 21, 1960 and last saw him 11:00 PM Death occurred at 11:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Printed or typed) IRVING B. MAJORS, M.D., Chief, Surgical Svc. VA Hospital, Poplar Bluff, Mo.				22b. ADDRESS Poplar Bluff, Mo.		22c. DATE SIGNED 12/23/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-23-60	23c. NAME OF CEMETERY OR CREMATORY Memorial Gardens		23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.		
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.			25. DATE RECD. BY LOCAL REG. 12/28/60		26. REGISTRAR'S SIGNATURE <i>[Signature]</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

Charles E. Mung

Licensed Embalmer No. 4877

P. O. Address Poplar Bl

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.