

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046604

FILED VS DEC 16 1960

160

3030

16

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>JEFFERSON</b>		a. STATE <b>MISSOURI</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>FESTUS, MO.</b>		c. CITY OR TOWN <b>FESTUS, MO.</b>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>AT HOME</b>		d. STREET ADDRESS (If outside, give location) <b>916 N. MILL ST.</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Middle Last <b>ELMER JOHN ALLEN</b>			Month Day Year <b>DEC. 4, 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>11-24-03</b>	9. AGE (last birthday) <b>57</b>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OFFICE SUPPLIES</b>	11. BIRTHPLACE (City and state or country) <b>LAMONT, OKLA</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>CYRUS E. ALLEN</b>		13b. MOTHER'S MAIDEN NAME <b>FANNY M. BAKER</b>		14. NAME OF HUSBAND OR WIFE <b>PAULINE 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.	17. INFORMANT Address <b>JOSEPH MORRIS, WINFIELD KANSAS</b>		

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) <b>CORONARY OCCLUSION</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
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 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 **CORONER'S VIEW** to **View** and last saw her/him alive on \_\_\_\_\_

Death occurred at **4:00 A.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>James O. Edwards Coroner</i>		22b. ADDRESS <b>FESTUS MO.</b>		22c. DATE SIGNED <b>12/6/60</b>
22d. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	22b. DATE <b>12-9-60</b>	23c. NAME OF CEMETERY OR CREMATOR <b>HIGHLAND</b>	23d. LOCATION (City, town, or county) <b>WINFIELD</b>	(State) <b>KANSAS</b>
24. FUNERAL DIRECTOR ADDRESS <b>JOSEPH MORRIS, WINFIELD KANSAS</b>		25. DATE RECD. BY LOCAL REG. <b>12-6-60</b>	26. REGISTRAR'S SIGNATURE <i>James W. Johnson</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 18 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 James Richard Cady  
Licensed Embalmer No. 4309

P. O. Address CRYSTAL CITY

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.