MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 31 1961

-61-001101
STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 14

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Harrison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany — Length of stay in 1b: 3 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lacy Rest Home — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First: Armenta Middle: May Last: Allen
4. DATE OF DEATH Month: 1 Day: 25 Year: 61
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 11-21-72
9. AGE (last birthday) 88
IF UNDER 1 YEAR: Months 2 Days 4 — IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Keeping own Home
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) Eagleville Mo
12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME Jesse Harrald
13b. MOTHER'S MAIDEN NAME Sarah Preston
14. NAME OF HUSBAND OR WIFE [illegible] Allen Decease
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Alva Allen — Address Chillicothe Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BRONCHO PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 7 d
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CONGESTIVE HEART FAILURE — Months.
DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
COMPLETE A-V HEART BLOCK.
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 COUNTY STATE

21. I attended the deceased from 7-8-58, to 1-25-61 and last saw her alive on 1-19-61
Death occurred at 3.30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Albert Fritche (Degree or title) M.D.
22b. ADDRESS Bethany Mo.
22c. DATE SIGNED 1-27-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-27-61
23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
23d. LOCATION (City, town, or county) Blythedale (State) Mo.
24. FUNERAL DIRECTOR Gerald Baggett — ADDRESS Eagleville Mo
25. DATE RECD. BY LOCAL REG. 1-27-1961
26. REGISTRAR'S SIGNATURE Nella Maxey

(Licensed Embalmer's Statement on Reverse Side)

FEB 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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Robert R Boggers.

Licensed Embalmer No. 9576

P. O. Address Ridgeway Mo.

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.