

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018236

STATE FILE NUMBER

AMENDED

FILED JUN 6 1961

Primary Registration District No. _____ Registrar's No. 94

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| 1. PLACE OF DEATH a. COUNTY <u>Macon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Macon</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CHILGO</u> | | c. CITY OR TOWN <u>CHILGO</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>✓</u> | | d. STREET ADDRESS (If outside, give location) <u>✓</u> | |

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|--|----------------------------------|--|--|--|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>W. E. ALLEN</u> | | | 4. DATE OF DEATH Month Day Year <u>5-21-61</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>8-23-77</u> | 9. AGE (last birthday) <u>83</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired School Teacher</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | | 11. BIRTHPLACE (City and state or country) <u>CHILGO Mo</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S. &</u> | | 13a. FATHER'S NAME <u>Geo. Allen</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lucinda Ellis</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Melvin Pyles</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>CHILGO</u> | |
| 17. INFORMANT <u>Melvin Pyles</u> | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> | |

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| 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 |

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|---|----------------------------------|
| 21. I attended the deceased from <u>JAN 1960</u> to <u>MAY 1961</u> and last saw <u>her</u> him alive on <u>5/21/61</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Degree or title) <u>C. E. Sharp DO</u> | 22b. ADDRESS <u>Callao Mo</u> |
| 22c. DATE SIGNED <u>5/24/61</u> | |

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|--|------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>5-23-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Callao</u> | 23d. LOCATION (City, town, or county) (State) <u>Callao Mo</u> |
| 24. FUNERAL DIRECTOR <u>H. S. Edwards</u> | ADDRESS <u>Beverly Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>5/24/61</u> | 26. REGISTRAR'S SIGNATURE <u>Paula McNeely</u> |

(Licensed Embalmer's Statement on Reverse Side)

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 *J. S. Edwards*

Licensed Embalmer No. 1961

P. O. Address Bears, 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.