

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020326

STATE FILE NUMBER

AMENDED

Registration District No.

27

Primary Registration District No.

5096

Registrar's No.

73

FILED JUN 23 1961

## 1. PLACE OF DEATH

a. COUNTY

Bates

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Mt. Pleasant Twp.

Length of stay in lb

2 Weeks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Pine Tree Rest Home

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Bates

c. CITY OR TOWN

Merwin

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Samuel

Lee

Allen

4. DATE OF DEATH

Month

Day

Year

June 13 1961

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

12-19-72

## 9. AGE (last birthday)

88

## IF UNDER 1 YEAR

## IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Metal Worker

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

California, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Wilson Allen

## 13b. MOTHER'S MAIDEN NAME

~~Delilah Oss~~ Delila Oss

## 14. NAME OF HUSBAND OR WIFE

Mayme Allen

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No

(Yes, no, or unknown) (If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

No

## 17. INFORMANT

Herbert Allen. 3846 Euclid Ave. Kansas City, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

## PART I. DEATH CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

## INTERVAL BETWEEN ONSET AND DEATH

12 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Hypertension

## DUE TO (c)

Arteriosclerosis

20 years

## 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.

☐ 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 June 2nd '61 to June 13 '61 and last saw him alive on June 13th - 61  
Death occurred at 12:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

212 N. Main St. Butler, Mo.

## 22c. DATE SIGNED

6/15/61

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

6-15-61

## 23c. NAME OF CEMETERY OR CREMATORY

Crescent Hill Cem.

## 23d. LOCATION (City, town, or county)

Adrian, Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Six Funeral Service, Adrian, Mo.

## 25. DATE RECD. BY LOCAL REG.

June 17 - 1961

## 26. REGISTRAR'S SIGNATURE

Randall Perry

(Licensed Emballer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. **3650**

P. O. Address **Adrian, 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.