

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-023391
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1662

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 21 1961

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Pacific Mo. Length of stay in 1b 245
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 1/2 m. s. of Allenton Inside limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St. Louis
c. CITY OR TOWN Pacific Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 1 1/2 m. s. of Allenton Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Maude Middle - Last Allen 4. DATE OF DEATH Month June Day 13 Year 1961

5. SEX F 6. COLOR OR RACE wp. 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Apr 20, 1885 9. AGE (last birthday) 76 IF UNDER 1 YEAR Months 7 Days 6 IF UNDER 24 HR Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (City and state or country) Clayton Mo 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Robert Allen 13b. MOTHER'S MAIDEN NAME Emily Wengler 14. NAME OF HUSBAND OR WIFE -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Viola Jaeger Address Pacific Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia-hypostatic
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Arteriosclerosis
DUE TO (c) Diabetes Mellites
INTERVAL BETWEEN ONSET AND DEATH 3 days - insidious

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260X 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 9-23-60 Month, Day, Year 6-12-61

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 Pacific Missouri COUNTY STATE

21. I attended the deceased from 6:30 to 6:12-61 and last saw her ~~them~~ alive on 6-12-61
Death occurred at 6:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. S. Puffer, D.O. 22b. ADDRESS Pacific Missouri 22c. DATE SIGNED 6-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE June 15, 61 23c. NAME OF CEMETERY OR CREMATORY Allen Cemetery 23d. LOCATION (City, town, or county) Allenton Mo. (State)

24. FUNERAL DIRECTOR Mrs. John P. Thiele ADDRESS Pacific Mo. 25. DATE RECD. BY LOCAL REG. 6-15-61 26. REGISTRAR'S SIGNATURE John B. Murphy, M.D.

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 Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union 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.