SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

61-023903
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 179

AMENDED

FILED AUG 15 1961

1. PLACE OF DEATH
a. COUNTY Audrain

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico
Length of stay in 1b Yrs

c. CITY OR TOWN Mexico
Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Allen Nursing Home
Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 218 East Bolivar
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ROBERT Middle FRANKLIN Last ALLEN

4. DATE OF DEATH Month August Day 10 Year 1961.

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 12-6-97

9. AGE (last birthday) 63

IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Audrain Co., Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME R. W. Allen

13b. MOTHER'S MAIDEN NAME Lula Henderson

14. NAME OF HUSBAND OR WIFE Lavina Allen

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. 495-34-3318

17. INFORMANT Address Mrs. R. F. Allen, Mexico, Mo.

MEDICAL CERTIFICATION

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)	Cardiac failure	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary thrombosis	9 mos
DUE TO (c)	Arteriosclerotic heart disease	10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Cerebral thrombosis with hemiplegia

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 10-7-60, to 8-10-61 and last saw him alive on 7-17-61
Death occurred at 11 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M Mallalieu (Degree or title) MD

22b. ADDRESS Mexico, Mo.

22c. DATE SIGNED 8-11-61

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

23b. DATE 8-11-61

23c. NAME OF CEMETERY OR CREMATORY East Lawn Mem. Park

23d. LOCATION (City, town, or county) (State) Mexico, Missouri

24. FUNERAL DIRECTOR ADDRESS Arnold Funeral Home, Mexico, Mo.

25. DATE RECD. BY LOCAL REG. Aug. 11-1961

26. REGISTRAR'S SIGNATURE Blanche Kelly

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

JUN 7 1962

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_____ Signed Richard Y. McDonald

Signature of Student Embalmer

Licensed Embalmer No. 4825

P. O. Address Mexico 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.