

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029054

STATE FILE NUMBER

AMENDED

Registration Entry No. 5886

Primary Registration District No. 5886

Registrar's No. 40

1. PLACE OF DEATH

a. COUNTY

Howell

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

a. STATE

Mo.

b. COUNTY

Shannon

admission)

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

OR TOWN

Goldsberry

Length of stay in 1b

c. CITY

OR TOWN

Jeresita

Inside Limits

Yes ☐ No ☒

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

HOSPITAL OR INSTITUTION

St. Francis Hospital

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Jessie

Middle

Mae

Last

Allis

4. DATE OF DEATH

Month

August

Day

16,

Year

1961

5. SEX

F.

6. COLOR OR RACE

W.

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

4/13/97

9. AGE (last birthday)

63

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)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Odessa, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Jim McCann

13b. MOTHER'S MAIDEN NAME

Annie Stehhenson

14. NAME OF HUSBAND OR WIFE

Roy C. Allis

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

Address

Mrs. Helen Renegar Jeresita, 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)

Carcinoma of gall bladder

INTERVAL BETWEEN ONSET AND DEATH

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

DUE TO (b)

DUE TO (c)

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 April 1961 to Aug 16, 1961 and last saw her alive on Aug 16

Death occurred at August 16, 1961 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.C. Walton M.D.

22b. ADDRESS

Mtn-view Mo.

22c. DATE SIGNED

8-26-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8/19/1961

23c. NAME OF CEMETERY OR CREMATORY

Pleasant Grove Cem.

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

Mountain View, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Duncan Funeral Home Mtn. View, Mo. 8-29-61

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Lena Hutchell

(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

Charles D. Pastain

Licensed Embalmer No. 5187

P. O. Address Wm. View

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.