

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030319

AMENDED

Registration District No.

277

Primary Registration District No.

5949

Registrar's No.

25

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

Pike

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

Cyrene

Length of stay in 1b

38 yrs.

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

R.F.D. 2, Cyrene, Mo.

Inside Limits

Yes ☐ No ☒

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

a. STATE

Missouri

b. COUNTY

Pike

Inside Limits

Yes ☐ No ☒c. CITY  
OR  
TOWN

Cyrene

d. STREET  
ADDRESS

(If outside, give location)

R.F.D. 2

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Elmer Joseph Allen

4. DATE  
OF  
DEATH

Month

Day

Year

August 23, 1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

4-24-23

9. AGE (last birthday)

38

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)

Farm Hand

10b. KIND OF BUSINESS OR INDUSTRY

Agriculture

11. BIRTHPLACE (City and state or country)

Troy, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Claude Allen

13b. MOTHER'S MAIDEN NAME

Rosa Anna Stepanek

14. NAME OF HUSBAND OR WIFE

Divorced

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

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

yes

World War II

16. SOCIAL SECURITY NO.

486-28-9384

17. INFORMANT

Address

Mrs. Claude Allen, Cyrene, 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)

DUE TO (b)

DUE TO (c)

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

Gunshot wound in heart  
Self Inflicted

INTERVAL BETWEEN ONSET AND DEATH

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 ☐ Unknown19. 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.

7:15 Aug 23-61

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.)

Family Home

20f. CITY, TOWN, OR LOCATION

Edgewood

COUNTY

Pike

STATE

Mo.

21. I attended the deceased from

7:15 A

to

and last saw him

Aug 23

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

22a. SIGNATURE

(Degree or title)

J. O. Mudd, Coroner

22b. ADDRESS

Bowling Green, Mo. Aug 23-61

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8-25-61

23c. NAME OF CEMETERY OR CREMATORY

Edgewood Cemetery

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

Cyrene, R.F.D. 2, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Harold Kirks, Bowling Green, Mo.

25. DATE RECD. BY LOCAL REG.

Aug 24, 1961

26. REGISTRAR'S SIGNATURE

Maidee C. Williams

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 1 1961

APR 10 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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Harold Kirk

Licensed Embalmer No. 4597

P. O. Address Bowling Green, 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.