

MISSOURI DIVISION OF PUBLIC HEALTH AND WELFARE

STANDARD CERTIFICATE OF DEATH

-61-031508
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

FILED SEP 5 1961

Primary Registration District No. 3072 Registrar's No. 160

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, give TOWNSHIP only) Marshall		Length of stay in 1b 28 years		c. CITY OR TOWN Marshall		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION I259 South Redman			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) I259 South Redman		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First Atha Middle Moore Last Allen				4. DATE OF DEATH Month August Day 29th Year 1961			
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 9-26-1863	9. AGE (last birthday) 97	IF UNDER 1 YEAR Months 18 Days 15 Hours 2 Min.		IF UNDER 24 HR Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) Cincinnati, Ohio		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Thomas Henry Moore			13b. MOTHER'S MAIDEN NAME Lydia Ann Gordon			14. NAME OF HUSBAND OR WIFE John Rainey 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. None		17. INFORMANT I259 South Redman Mrs Joseph W. Henley, Marshall, 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) Coronary Heart Failure Due to Atherosclerotic Heart Disease Generalized Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Advanced Atherosclerotic Lesions							INTERVAL BETWEEN ONSET AND DEATH 18 hrs. 15 yrs. 2 yrs.
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 3:48 a.m. ☐ p.m. ☒		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 Marshall, Mo.	
21. I attended the deceased from 31 Jan 1957 to 29 Aug 1961 and last saw her alive on 29 Aug 1961 Death occurred at 3:48 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Ed M. Clarke M.D.		22b. ADDRESS Marshall, Mo.		22c. DATE SIGNED Aug 31 1961	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-31-1961		23c. NAME OF CEMETERY OR CREMATORY Elmwood cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Campbell-Lewis, Marshall, Mo.				25. DATE RECD. BY LOCAL REG. 8-30-61		26. REGISTRAR'S SIGNATURE Paul G. Read	

(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 R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall

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.