

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031549
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 332 Primary Registration District No. 6123 Registrar's No. 167

AMENDED

FILED SEP 8 1961

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ill.</u> b. COUNTY <u>Cook</u>	
c. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sikeston Rural Route 4</u>		Length of stay in 1b	c. CITY OR TOWN <u>Chicago</u>
d. FULL NAME OF (IF NOT in hospital, give location) <u>Highway 61 north</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4106 Calumet st</u>
3. NAME OF DECEASED (Type or print) First <u>Marie</u> Middle <u>Allen</u> Last <u>Allen</u>		4. DATE OF DEATH Month <u>8</u> Day <u>24</u> Year <u>1961</u>	

5. SEX <u>Female</u>	6. COLOR OR RACE <u>C</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-6-1915</u>	9. AGE (last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>18</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Uniform Factory Machine, Inc.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Harold Colbert</u>		13b. MOTHER'S MAIDEN NAME <u>Doris Banner</u>		14. NAME OF HUSBAND OR WIFE <u>Leo Allen</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Mable Pitten, Chicago, Ill.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fracture skull & chest crushed on right side.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>0</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Two car collision</u>	
20c. TIME OF INJURY Hour <u>8</u> a.m. <u>24</u> Month, Day, Year <u>61</u>			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Specify if not about home, farm, factory, street, office bldg., etc.) <u>Highway 61, north of Sikeston</u>	20f. CITY, TOWN, OR LOCATION <u>Scott</u>	COUNTY <u>Mo</u>	STATE <u>Mo</u>
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21. I attended the deceased from First call after death and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Clay Poe</u> (Degree or title) <u>Coroner</u>	22b. ADDRESS <u>Sikeston</u>	22c. DATE SIGNED <u>8-27-61</u>
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23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/30/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Madison Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Madison, Arkansas</u>
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24. FUNERAL DIRECTOR <u>Clay Funeral Home</u>	ADDRESS <u>Fourt City, Arkansas</u>	25. DATE RECD. BY LOCAL REG. <u>8-26-61</u>	26. REGISTRAR'S SIGNATURE <u>Mable Pitten</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

SEP 11 1961

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 Raymond L Duggie
Licensed Embalmer No. 4798
P. O. Address Berne 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.