

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-035839

STATE FILE NUMBER

AMENDED

Registration District No. 33 Primary Registration District No. 3006 Registrar's No. 646

FILED 1961 30 1961

1. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)	
a. COUNTY <u>Boone</u>	a. STATE <u>Mo.</u>	b. COUNTY <u>Chariton</u>	b. COUNTY <u>Chariton</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>	Length of stay in 1b <u>52 days</u>	c. CITY OR TOWN <u>Triplett</u>	Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University of Mo. Medical Center</u>	Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) <u>Box 153</u>	Reside on Farm Yes ☐ No ☐
3. NAME OF DECEASED (Type or print) First <u>Bertha</u> Middle <u>Mead</u> Last <u>Allen</u>		4. DATE OF DEATH Month <u>Oct</u> Day <u>23</u> Year <u>1961</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>9-26-96</u>
9. AGE (last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11. BIRTHPLACE (City and state or country) <u>Iconium Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Dowell Mead</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Connor</u>	
14. NAME OF HUSBAND OR WIFE <u>Charlie Allen</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Medical Records - Univ. of Mo. Med. Center</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>Intracerebral hemorrhage</u> DUE TO (b) <u>Thrombocytopenia</u> DUE TO (c) <u>Acute Blastic Leukemia</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>2 weeks</u> <u>12 weeks</u> 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 <u>9:35</u> a.m. <u>P</u> Month, Day, Year <u>1 Sept 61</u>			
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 <u>1 Sept 61</u> to <u>23 Oct 61</u> and last saw <u>her</u> alive on <u>23 Oct 61</u> Death occurred at <u>9:35 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Martin L. Parker M.D.</u>		22b. ADDRESS <u>Columbia Mo</u>	
22c. DATE SIGNED <u>10/24/61</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
23b. DATE <u>10-24-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem.</u>	
23d. LOCATION (City, town, or county) <u>Brookfield Mo.</u>		23e. DATE RECD. BY LOCAL REG. <u>Oct 24 1961</u>	
23f. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>		23g. FUNERAL DIRECTOR <u>Parker Funeral Service, Columbia</u>	
23h. ADDRESS <u>Columbia</u>		23i. DATE RECD. BY LOCAL REG. <u>Oct 24 1961</u>	
23j. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>		23k. FUNERAL DIRECTOR <u>Parker Funeral Service, Columbia</u>	

(Licensed Embalmer's Statement on Reverse Side)

1961 8 NOV

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 George A. Kirby

Licensed Embalmer No. 11752

P. O. Address Columbia, 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.