SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-041997
STATE FILE NUMBER

AMENDED

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 135

FILED NOV 29 1961

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville — Length of stay in Ib 4 hours
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pulaski County Hosp — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pulaski
c. CITY OR TOWN Crocker — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) ----- — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Everett Middle: Arthur Last: Allen
4. DATE OF DEATH Month: Nov Day: 18 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Sept 14 1887
9. AGE (last birthday): 74 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (City and state or country): Iberia Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Lee Allen
13b. MOTHER'S MAIDEN NAME: Cilia Keleson
14. NAME OF HUSBAND OR WIFE: Margarett Allen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Earl Allen 1817 Timber Lake Walston Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 6 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Bronchial Pneumonia — 8 days
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 1945, to NOV. 18, 1961 and last saw ~~her~~ him alive on NOV. 18, 1961
Death occurred at 5:35 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John A. Mihalevich DO
22b. ADDRESS Crocker, Missouri
22c. DATE SIGNED 11/19/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/21/61
23c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery
23d. LOCATION (City, town, or county) (State) Crocker Missouri

24. FUNERAL DIRECTOR Moss-Williams — ADDRESS Crocker Missouri
25. DATE RECD. BY LOCAL REG. 11-21-61
26. REGISTRAR'S SIGNATURE Eulalia Anderson

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

NOV 29 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 Clarence Ross

Licensed Embalmer No. 4896

P. O. Address Waynesville, Me

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.