

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042106

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Primary Registration District No. 3060 Registrar's No. 464

1. PLACE OF DEATH  
 a. COUNTY St. Francois  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington Length of stay in 1b 1 year  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunset Retirement Home Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Madison  
 c. CITY OR TOWN Fredericktown Inside Limits Yes  No   
 d. STREET ADDRESS R.F.D. Andrews Addition Reside on Farm Yes  No

3. NAME OF DECEASED First Ilyra Middle Elnora Last Allen 4. DATE OF DEATH Month November Day 28 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 8/3/1891 9. AGE (last birthday) 70 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Raymond, Illinois 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Judd Brooks 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND Luther 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. 17. INFORMANT Address Luther Allen - Fredericktown, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Cerebral Apoplexy  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis & Hypertension  
 DUE TO (c) Had previous C.V.D.  
 INTERVAL BETWEEN ONSET AND DEATH 3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Recland of head and forehead with pressure 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 Month, Day, Year 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 COUNTY STATE  
 21. I attended the deceased from Sept 15, 1961 to Nov 28-61 and last saw him alive on Nov 25, 1961  
 Death occurred at 10:50 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS Farmington, Missouri 22c. DATE SIGNED 11-30-61  
 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Dec. 1, 1961 23c. NAME OF CEMETERY OR CREMATORY Marcus Memorial Park 23d. LOCATION (City, town, or county) (State) Madison County, Missouri

24. FUNERAL DIRECTOR ADDRESS [Signature] Fredericktown, Mo. 25. DATE RECD. BY LOCAL REG. Nov. 30, 1961 26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

DEC 13 1961

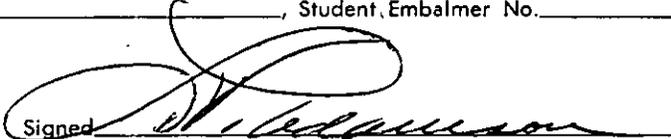
**STATEMENT BY LICENSED EMBALMER**

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 

Licensed Embalmer No. 4357

P. O. Address FREDERICKTOWN

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.