

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045620

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 211

Primary Registration District No. 4324

Registrar's No. 41-61

STATE FILE NUMBER

AMENDED

FILED DEC 29 1961

1. PLACE OF DEATH

a. COUNTY

Miller

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Miller

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Tuscumbia

Length of stay in 1b

1 day

c. CITY
OR
TOWN

Eldon

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Humphreys Hospital

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

ADDRESS 414 W. Court

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Eva

Almaretta

Allen

4. DATE
OF
DEATH

Month

Day

Year

December 16, 1961

5. SEX

Female

6. COLOR OR RACE

Caucasian

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/4/98

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

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)

Gramby, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George Johnson

13b. MOTHER'S MAIDEN NAME

Ollie Winchester

14. NAME OF HUSBAND OR WIFE

George 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

George Allen

Address

Eldon, 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)

Acute Myocarditis
Chronic NephritisINTERVAL BETWEEN
ONSET AND DEATH

48 hr

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying 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.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

Month, Day, Year

20c. TIME OF
INJURY
Hour
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

COUNTY

STATE

21. I attended the deceased from December 15, 1961 to Dec. 16, 1961 and last saw her alive on Dec. 16, 1961
Death occurred at 12:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.E. Humphreys D.O.

22b. ADDRESS,

Tuscumbia, Missouri

22c. DATE SIGNED

12-18-61

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

12/18/61

23c. NAME OF CEMETERY OR CREMATORY

Woods

23d. LOCATION (City, town, or county)

Eldon

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Phillips Funeral Home

Eldon, Mo.

25. DATE RECD. BY LOCAL REG.

Dec. 18, 1961

26. REGISTRAR'S SIGNATURE

Mrs. D. E. Kallenbach

(Licensed Embalmer's Statement on Reverse Side)

JAN 2 1952

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 Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Edison

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.