

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005292

STATE FILE NUMBER

AMENDED

Registration District No. 6258
FILED JAN 15 1962Primary Registration District No. 370 Registrar's No. 390 73

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WAYNE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. FRANCIS</u>		c. CITY OR TOWN <u>SILVA</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SILVA</u>		d. STREET ADDRESS (If outside, give location) <u>SILVA</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>JAMES MONROE ALLEN</u>		4. DATE OF DEATH Month Day Year <u>JAN 9 1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</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>9-6-1899</u>
9. AGE (last birthday) <u>62</u>		10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
11. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) <u>WATCHMAN</u>		12. KIND OF BUSINESS OR INDUSTRY <u>CITY OF ST. LOUIS GREENHOUSE</u>	
13a. FATHER'S NAME <u>CHARLES EDWARD ALLEN</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA E. JOINER</u>	
14. NAME OF HUSBAND OR WIFE <u>SARAH ETHEL 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>498-10-2133</u>		17. INFORMANT <u>Sarah Ethel Allen</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>Routine Investigation and</u> DUE TO (b) <u>Presumed to be Natural Causes</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 _____, to _____ and last saw her alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Marvin E. Bowles</u>		22b. ADDRESS <u>Redmont, MO</u>	
22c. DATE SIGNED <u>1-10-62</u>		23a. NAME OF CEMETERY OR CREMATORY <u>Montgomery Chapel</u>	
23b. DATE <u>1-11-62</u>		23c. LOCATION (City, town, or county) (State) <u>near Silva MO.</u>	
24. FUNERAL DIRECTOR <u>Norman W. Gish</u>		25. DATE REC'D. BY LOCAL REG. <u>Jan 11-1962</u>	
26. REGISTRAR'S SIGNATURE <u>Hetta M. Ware</u>		27. ADDRESS <u>321 N. Main</u>	

(Licensed Embalmer's Statement on Reverse Side)

JAN 16 1962

FEB 6 1962

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

Norman W. Gist

Licensed Embalmer No. 3387

P. O. Address Palmdale

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.