

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007686

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2008** STATE FILE NUMBER

FILED FEB 23 1967

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN SULLIVAN	
Length of stay in 1b 1 WEEK		d. STREET ADDRESS (If outside, give location) 204 JACKSON ST.	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION MISSOURI-BAPTIST Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
a. STATE MISSOURI		b. COUNTY FRANKLIN	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last NELLIE MAE ALLEN			4. DATE OF DEATH Month Day Year FEB 18 1962				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-20-1915	9. AGE (last birthday) 46	IF UNDER 1 YEAR Months Days Hours Min.	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) Berryman, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Joseph Rawlings		13b. MOTHER'S MAIDEN NAME Mary Nethington		14. NAME OF HUSBAND OR WIFE VIRGIL 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 Address VIRGIL ALLEN, SULLIVAN, MO.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH.	
IMMEDIATE CAUSE (a) Acute Coronary Occlusion			1hr 25min	
DUE TO (b) Acute Pancreatitis			3 wks	
DUE TO (c) Repeated Peptic Ulcers			several yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Marked Malnutrition 5400			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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
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21. I attended the deceased from **2-11-1962** to **2/18/62** and last saw her ^{her} alive on **2/17/62**
Death occurred at **Mo. Bapt. Hosp 31/25A** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i>	(Degree or title)	22b. ADDRESS Medical West Bldg	22c. DATE SIGNED 2/18/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-20-1962	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Memorial Cemetery	23d. LOCATION (City, town, or county) Sullivan, Mo
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24. FUNERAL DIRECTOR H.M. EATON, SULLIVAN, MO.	ADDRESS	25. DATE RECD. BY LOCAL REG. FEB 19 1962	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DATE AMENDED: 9
68
2
8

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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

Harrison M. Eaton

Licensed Embalmer No. 4192

P. O. Address Sullivan, 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.