

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017982

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

302

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR  
TYPEWRITER RIBBON

FILED JUN 4 1962

1. PLACE OF DEATH

a. COUNTY

Boone

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

Columbia

Length of stay in lb

25 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTIONEllis Fischel STATE  
CANCER HOSPITALInside Limits  
Yes ☒ No ☐

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

a. STATE

b. COUNTY

admission)

Missouri Macon

c. CITY  
OR TOWN

Bevier

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm

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

Richard

First Middle Last

Allen Jr.

4. DATE  
OF DEATH

May

27

1962

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

April 13, 1904

9. AGE (last birthday)

58

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cement Worker

10b. KIND OF BUSINESS OR INDUSTRY

Cement Worker

11. BIRTHPLACE (City and state or country)

Macon County, MO

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Richard Allen Sr.

13b. MOTHER'S MAIDEN NAME

Carolyn Owen

13c. NAME OF HUSBAND OR WIFE

Carolyn Owen

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

492-24-3027

17. INFORMANT

Hospital Records - Columbia, 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)

Hodgkin's disease

INTERVAL BETWEEN  
ONSET AND DEATH

Unknown

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 ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
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 5/2/62 to 5/27/62 and last saw him alive on 5/26/62

Death occurred at 5/27/62 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)

Robert J. Long MD

22b. ADDRESS

Ellis Fischel

22c. DATE SIGNED

5/27/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

5-29-1962

23c. NAME OF CEMETERY OR CREMATORY

East Oakwood

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

Bevier

(State)

Mo

24. FUNERAL DIRECTOR

ADDRESS

R. Deane Bram Macon, Mo

25. DATE RECD. BY LOCAL REG.

May 27, 1962

26. REGISTRAR'S SIGNATURE

Mrs R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

DEC 26 1962  
JUL 20 1962  
JUN 5 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 Philip E. Beam

Licensed Embalmer No. 5182

P. O. Address Macon 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.