

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019896

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 291

Primary Registration District No. _____

Registrar's No. 80

FILED JUN 5 1962

1. PLACE OF DEATH

a. COUNTY **Putnam**

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

Length of stay in 1b
20 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **village**

Inside Limits
Yes ☐ No ☐

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

a. STATE **Mo.**

b. COUNTY **Putnam**

c. CITY OR TOWN **Powersville**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
village

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Durard

William

Allen

4. DATE OF DEATH

Month

Day

Year

May 24, 62

5. SEX
M

6. COLOR OR RACE
W

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
11-20-83

9. AGE (last birthday)
78

IF UNDER 1 YEAR
Months **6** Days **4**

IF UNDER 24 HR
Hours **4** Min. **0**

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Wayne Co. Iowa

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

unknown

13b. MOTHER'S MAIDEN NAME

Josephine Allen

14. NAME OF HUSBAND OR WIFE

Sarah 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
Robert Burruss-Powersville, 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)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Coronary atherosclerosis / arteriosclerosis / hypertension

INTERVAL BETWEEN ONSET AND DEATH
10 months

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 ☐ 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 _____ 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 _____ to _____ and last saw her alive on _____
Death occurred at _____ **1145 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

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

(State)

24. FUNERAL DIRECTOR

ADDRESS

F.O. Husted & Son-Unionville, Mo.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

5-28-62

Marvell Durbin

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

886C

2886C

3'

4 0

5 2

6

7 1

8 2

9 4201

10

11

12 90-3

13 1-0

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 Muel E. Kuester

Licensed Embalmer No. 3304

P. O. Address Monmouth, 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.