

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023748

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 170

Primary Registration District No. —

Registrar's No. 135

FILED JUL 2 1962

1. PLACE OF DEATH

a. COUNTY

Laclede

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

STATE

Missouri

b. COUNTY

Laclede

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

Length of stay in lb

OR TOWN

Brownfield

12 yrs

c. CITY

OR TOWN

Richland Rural

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

Inside Limits

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

HOSPITAL OR INSTITUTION

Richland Rt.

Yes ☐ No ☒

Brownfield Route

Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

DATE OF DEATH

Month

Day

Year

(Type or print)

Sarah Elizabeth Allen

June

27

1962

5. SEX

6. COLOR OR RACE

7. Married ☐ Never Married ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

Female

white

Widowed

8/9/1881

80

—

—

—

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

Housewife

—

Lebanon Mo. U. S. A.

U. S. A.

U. S. A.

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

Nathan Davis

Phoebe Davis

Benjamin

Benjamin

Benjamin

Benjamin

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

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

no

none

Lula Allen

Lebanon Mo.

Lebanon Mo.

Lebanon 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)

Myocardial degeneration

INTERVAL BETWEEN ONSET AND DEATH

—

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

DUE TO (b)

Chronic valvular heart disease

—

DUE TO (c)

Chronic glomerulonephritis

—

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Senility & bronchitis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

20a. ACCIDENT

SUICIDE

HOMICIDE

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

YES ☐ NO ☒

☐

☐

☐

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

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

6-19-62

to

6-27-62

and last saw her

live on

6-23-62

4: P.

m

on the date stated above, and to the best of my knowledge, from the causes stated.

Death occurred at

4: P.

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

D. A. A. Krauss

D.O.

Lebanon Mo.

Lebanon Mo.

6/29/62

6/29/62

6/29/62

6/29/62

6/29/62

6/29/62

6/29/62

6/29/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY

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

(State)

Burial

7/1/1962

Cross Roads

Laclede Co. Mo.

Laclede Co. Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Dorsey M. Howe

Lebanon Mo.

6-29-1962

Shella L. Hay

Shella L. Hay

Shella L. Hay

Shella L. Hay

Shella L. Hay

(Licensed Embalmer's Statement on Reverse Side)

VS JUL 3 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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.

Permit issued 6-29-1962 D.S.H.