

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033361

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

333

Primary Registration District No.

3074

Registrar's No.

184

FILED AUG 27 1962

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH

a. COUNTY

SCOTT

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

Length of stay in 1b

2 Min.

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

Mo. Delta Comm. Hosp.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

413 Clayton Street

Inside Limits

Yes ☒ No ☐

Reside on Farm

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

First

Michelle

Middle

ALLEN

Last

4. DATE OF DEATH

Month

Day

Year

August

18

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-18-1962

9. AGE (last birthday)

00

IF UNDER 1 YEAR

Months Days Hours Min.

0

0

0

2

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

None

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Sikeston, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Bobby Lee Allen

13b. MOTHER'S MAIDEN NAME

Mary N. Hill

14. NAME OF HUSBAND OR WIFE

None

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

Bobby L. Allen

413 Clayton

Sikeston, 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)

Hypoxia
Respiratory insufficiency
AnencephalyConditions, 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 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 8-18-62 to 8-18-62 and last saw her following expiration

Death occurred at 7:17 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

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

8--18-1962

23c. NAME OF CEMETERY OR CREMATORY

Coldspriggs Cemetery

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

Oxford, Mississippi

24. FUNERAL DIRECTOR

Funeral Chapel, Sikeston

ADDRESS

25. DATE RECD. BY LOCAL REG.

Aug 21-1962

26. REGISTRAR'S SIGNATURE

Jeanette Waldman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

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 Body Not Arterially Embalmed. Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward E. Fennell

Licensed Embalmer No. 4164

P. O. Address Sikeston, 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 renewed August 18, 1922