

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033652

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 516

FILED SEP 17 1962

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Lebanon</u>	
d. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Univ. of Mo. Med. Center</u>		d. STREET ADDRESS (If outside, give location) <u>45-509 Star Rt.</u>	
3. NAME OF DECEASED (Type or print) First <u>Mildred</u> Middle <u>Pauline</u> Last <u>Allen</u>		4. DATE OF DEATH Month <u>9</u> Day <u>11</u> Year <u>62</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-20-57</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	9. AGE (last birthday) <u>5</u>
11a. FATHER'S NAME <u>James Allen</u>		11b. MOTHER'S MAIDEN NAME <u>Mildred Mae Allen</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		13. SOCIAL SECURITY NO. <u>—</u>	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic bronchopneumonia</u> DUE TO (c) <u>Acute lymphoblastic leukemia</u>		15. INTERVAL BETWEEN ONSET AND DEATH <u>10 mos</u> <u>2 mos</u> <u>11 mos</u>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input 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 <u>—</u> a.m. <u>—</u> p.m. <u>—</u>	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 <u>LEBANON, MISSOURI</u>	
21. I attended the deceased from <u>Sept 10, 1962</u> to <u>Sept 11, 1962</u> and last saw <u>her</u> alive on <u>Sept 11, 1962</u> Death occurred at <u>3:00</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS <u>UNMC - Columbia Mo</u>	
23a. SIGNATURE <u>Norwyn Oliver J. MD.</u>		23b. DATE <u>9-11-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>City Cem</u>		23d. LOCATION (City, town, or county) <u>LEBANON, MISSOURI</u>	
24. FUNERAL DIRECTOR <u>PARKER'S FUNERAL SERVICE</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 11 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		27. DATE SIGNED <u>9-11-62</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

VS 300
Rev. 4/59

1 0109

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USE BLACK INK
OR
TYPEWRITER RIBBON

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

J. W. Phillips

Licensed Embalmer No. 4897

P. O. Address Columbus, MS

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.