

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043536

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 239 Primary Registration District No. 4356 Registrar's No. 151. **FILED DEC 7 1962**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>new Madrid</u>	a. STATE <u>Mo.</u> b. COUNTY <u>new Madrid</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Parma</u>	c. CITY OR TOWN <u>Parma</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	d. STREET ADDRESS (If outside, give location)

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
<u>Oley</u>	<u>Levi</u>	<u>Allen</u>	<u>Nov.</u>	<u>6</u>	<u>1962</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>cauc.</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>Jan. 4, 1892</u>	9. AGE (last birthday) <u>70 yrs.</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>state of Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>John L. Allen</u>	13b. MOTHER'S MAIDEN NAME <u>Adaline Tucker</u>	14. NAME OF HUSBAND OR WIFE <u>Vera E. Allen</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>	16. SOCIAL SECURITY NO. <u>493-30-8287</u>	17. INFORMANT <u>Vera E. Allen</u> Address <u>Parma Mo.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE <u>Presumed to Natural Causes.</u>	

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

DUE TO (b) no medical attendant

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 ☐ 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.)
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20c. TIME OF INJURY	Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from _____, to _____, and last saw her/him alive on _____.
Death occurred at <u>9:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Dr. George Husted</u> (Degree or title)	22b. ADDRESS <u>Coroner New Madrid Mo</u>	22c. DATE SIGNED <u>11/9/62</u> (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Nov. 10, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>parma cemetery</u>	23d. LOCATION (City, town, or county) <u>S. Parma, Mo.</u>
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24. FUNERAL DIRECTOR <u>Watkins and Sons</u> ADDRESS <u>Parma, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Nov 13, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Dr. George Husted MD</u>
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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. 4/59107202072034 05 167 18 09 7954101112 70-313 3-1

DEC 10 1962

DEC 11 1962

APR 23 1963

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

Paul M. Walker

Licensed Embalmer No. 4964

P. O. Address Deyley 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.