

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000579

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 45
FILED JAN 23 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois COUNTY Alexander	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 3 day	c. CITY OR TOWN McClure Ill
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hosiptal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None
3. NAME OF DECEASED (Type or print) First Eva Middle Allsup Last Allsup		4. DATE OF DEATH Month Jan Day 18 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept 7 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (last birthday) 65
11. BIRTHPLACE (City and state or country) Thebes Ill		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME James Tinsley		13b. MOTHER'S MAIDEN NAME Jane Brown	
14. NAME OF HUSBAND OR WIFE Wm M Allsup		17. INFORMANT Address Mr Wm M Allsup McClure Ill	
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. No	
18. CAUSE OF DEATH (Enter only one cause per line for part I. Enter only one cause per line for part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a))			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable Pulmonary Embolus			Imm
DUE TO (b) Atrial Fibrillation			
DUE TO (c) Rheumatic Heart Disease with aortic & mitral insufficiency			
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 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 5 a.m. 45 p.m.	Month, Day, Year Nov. 1959		
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 Jonesboro Ill	COUNTY Jonesboro Ill STATE
21. I attended the deceased from Nov. 1959 to Jan. 18, 1963 and last saw her alive on Jan. 18, 1963 Death occurred at 5 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Arnold M. Howarth (Degree or title) M.D.		22b. ADDRESS 24 N. Sprigg Jonesboro, Mo.	22c. DATE SIGNED 1/19/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-21 1963	23c. NAME OF CEMETERY OR CREMATORY Jonesboro Ill	23d. LOCATION (City, town, or county) (State) Jonesboro Ill
24. FUNERAL DIRECTOR Brinkopf Howell Cape Gir Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 1-21-63	26. REGISTRAR'S SIGNATURE Emma Koster

HORWORTH

MAR 14 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 W. H. Ester

Licensed Embalmer No. 3568

P. O. Address Cape Hill 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.

TAKEN TO DOCTOR 1-19-63