

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007672

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 312

Primary Registration District No. 6779

Registrar's No. 13

FILED MAR 12 1963

VS 300-  
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>MILLER</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>MILLER</b>   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>FRANKLIN</b>  |   | Length of stay in 1b<br><b>17 yrs</b>   | c. CITY OR TOWN <b>ELDON</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>6 mi - So ELdon</b>                             |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>6 mi - So - ELdon</b> |
| 3. NAME OF DECEASED<br>(Type or print) First <b>MARY</b> Middle <b>ELLEN</b> Last <b>ALLEN</b>                                    |   | 4. DATE OF DEATH Month <b>MARCH</b> Day <b>4</b> Year <b>1963</b>   |   |
| 5. SEX <b>FEMALE</b>  | 6. COLOR OR RACE <b>White</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>  | 8. DATE OF BIRTH <b>APRIL-18-95</b>                                       |
| 9. AGE (last birthday) <b>67</b>  |   | 10. IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>House-wife</b>                  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At-Home</b>   | 11. BIRTHPLACE (City and state of country)<br><b>MILLER Co - Mo</b>       |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A</b>   |   | 13a. FATHER'S NAME <b>Robert-C-Odom</b>   |   |
| 13b. MOTHER'S MAIDEN NAME <b>Minerva-Cotten</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Ollie- ALLEN</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>          |   | 16. SOCIAL SECURITY NO. <b>NONE</b>   |   |
| 17. INFORMANT<br><b>Address</b>   |   | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pneumonia</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Metastatic Carcinoma generalized</b><br>DUE TO (c) <b>from Carcinoma of Breast.</b> |   |
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown   |   |
| 19. WAS AUTOPSY PERFORMED?<br>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.)<br><b>NONE</b>   |   |
| 20c. TIME OF INJURY<br>Hour <b>NONE</b> a.m. p.m.   | 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.)<br><b>NONE</b>                           |   | 20f. CITY, TOWN, OR LOCATION<br><b>NONE</b>   |   |
| 21. I attended the deceased from <b>1948</b> to <b>1963</b> and last saw her alive on <b>1-14-63</b>                              |   | Death occurred at <b>8:04 A</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.   |   |
| 22a. SIGNATURE <b>M.E. Humphrey</b> (Degree or title)   |   | 22b. ADDRESS <b>D.O. Tusculumbia - Mo</b>   |   |
| 22c. DATE SIGNED <b>5 March 63</b>  |   | 23a. BURIAL: CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  |   |
| 23b. DATE <b>6 MAR-1963</b>   |   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Vaughn</b>   |   |
| 23d. LOCATION (City, town, or county)<br><b>MILLER Co - Mo</b>  |   | 24. FUNERAL DIRECTOR<br><b>Keith-M-Kays</b>   |   |
| 25. DATE RECD. BY LOCAL REG.<br><b>Mar. 6, 1963</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Advernetta Waltz</b>  |   |

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Licensed Embalmer No. 3998

P. O. Address Eldon 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.