

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012464

STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. _____ Registrar's No. 30

FILED APR 9 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0650

2 1050-

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9 762.0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Sullivan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton		Length of stay in: 1b	c. CITY OR TOWN Newtown
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Axtel Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Newtown
3. NAME OF DECEASED (Type or print) First Middle Last Danny Lee Allen		4. DATE OF DEATH Month Day Year April 1 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-1-1963
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 7
11. BIRTHPLACE (City and state or country) Princeton Mo		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Donald Allen		13b. MOTHER'S MAIDEN NAME Maralyn Montgomery	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date)		16. SOCIAL SECURITY NO.	
17. INFORMANT Donald Allen Newtown, Mo		Address	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anoxia		INTERVAL BETWEEN ONSET AND DEATH 7 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fetal Atelectasis		7 hrs.	
DUE TO (c) Medullary Paralysis			
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 a.m. p.m. Month, Day, Year		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 COUNTY STATE	
21: I attended the deceased from 4-1-63 9:20 a.m. to 4-1-63 4:40 P and last saw her/him alive on 4-1-63		Death occurred at _____ m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) B. T. Oxtell D.O.		22b. ADDRESS Princeton, Mo.	
22c. DATE SIGNED 4-4-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-3-1963	23c. NAME OF CEMETERY OR CREMATORY Newtown Cem	
23d. LOCATION (City, town, or county) (State) Newtown Mo			
24. FUNERAL DIRECTOR ADDRESS Judd & Payne Newtown Mo		25. DATE RECD. BY LOCAL REG. 4-5-63	
		26. REGISTRAR'S SIGNATURE Shel [Signature]	

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

Student _____
Signature of Student Embalmer

Signed R. K. Payne Jr

Licensed Embalmer No. 3400

P. O. Address Salt

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.

Printed Salt 4-2-63 H.M.