

-63-014565

Registration District No. 323 Primary Registration District No. 3074 Registrar's No. 84

STATE FILE NUMBER

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.:

DOCUMENT

BY AFFIDAVIT OF:

MEDICAL CERTIFICATION

22

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON		c. CITY OR TOWN SIKESTON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. DELTA COMMUNITY HOSP.		d. STREET ADDRESS (If outside, give location) 817 N. KINGSHIGHWAY	
3. NAME OF DECEASED (Type or print) First LACY Middle EDWARD Last ALLARD, JR.		4. DATE OF DEATH Month 3 Day 25 Year 63	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 11-14-1915
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET		10b. KIND OF BUSINESS OR INDUSTRY TEACHER	9. AGE (last birthday) 47
13a. FATHER'S NAME LACY E ALLARD SR.		13b. MOTHER'S MAIDEN NAME CORA BAKER	14. NAME OF HUSBAND OR WIFE Dixie
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.	17. INFORMANT Mrs Dixie Allard - Sikeston Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 2 hrs
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.)	
20c. TIME OF INJURY Hour ☐ a.m. ☐ p.m. Month, Day, Year	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	
21. I attended the deceased from 3/25/63 to 3-25-63 and last saw him alive on 3-25-63 Death occurred at 8:50 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wm. C. Citchelous M.D.		22b. ADDRESS Sikeston Mo.	
22c. DATE SIGNED 3/26/63		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-27-63	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) SIKESTON MO
24. FUNERAL DIRECTOR Welsh Funeral Home - Sikeston Mo		25. DATE RECD. BY LOCAL REG. March 27-1963	
26. REGISTRAR'S SIGNATURE Janette Waldman			

(Licensed Embalmer's Statement on Reverse Side)

**USE BLACK INK
OR
TYPEWRITER RIBBON**

JUN 24 1963

MAY 28 1963

APR 15 1963

APR 3 1963

no permit

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

Raymond Crews

Licensed Embalmer No.

3467

P. O. Address

Sikeston 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.