

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023138

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 3005 Primary Registration District No. 3005 Registrar's No. 121

FILED JUN 17 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bates			
b. CITY (If outside corporate limits, give TOWNSHIP only) Butler				Length of stay in 1b 2 weeks		c. CITY OR TOWN Butler	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bates Co Hospital				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Nursery Street	
3. NAME OF DECEASED (Type or print) First ETHEL Middle MARIE Last ALLEN				4. DATE OF DEATH Month June Day 10 Year 1963			
5. SEX female		6. COLOR OR RACE W		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/4/1884	
9. AGE (last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Librarian		11. BIRTHPLACE (City and state or country) City Butler Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James F Allen				13b. MOTHER'S MAIDEN NAME Julia Rebecca OBannon			
14. NAME OF HUSBAND OR WIFE not known				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. 495 44 3555				17. INFORMANT Earline Ellis, Butler Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Secondary anemia and starvation DUE TO (c) Cancer of Breast and Metastasis 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 9:15 a.m. 6 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.)		20f. CITY, TOWN, OR LOCATION Butler Missouri	
20g. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20h. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20i. CITY, TOWN, OR LOCATION Butler Missouri		20j. COUNTY Butler Missouri	
20k. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20l. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20m. CITY, TOWN, OR LOCATION Butler Missouri		20n. COUNTY Butler Missouri	
21. I attended the deceased from Jan 15 1963 to June 10 1963 and last saw her alive on June 10 1963 Death occurred at 9:15 on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) R. L. Hansen M.D.				22b. ADDRESS BUTLER MISSOURI		22c. DATE SIGNED 6/12/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-12-63		23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery		23d. LOCATION (City, town, or county) (State) Butler Missouri	
24. FUNERAL DIRECTOR Culver Underwood, Butler Mo.				25. DATE RECD. BY LOCAL REG. 6-12-63		26. REGISTRAR'S SIGNATURE Norman Wilson	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

821830-000

JUN 19 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 John G. Anderson
Licensed Embalmer No. 3585

P. O. Address Butler 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.

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Permit issued 6/19/63 MIB