

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029653
7296 STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 19 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 3 Months		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lincoln		c. CITY OR TOWN Troy		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4441 Bessie Ave.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS R. R. 1				Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Nancy Middle Gertrude Last Allen						4. DATE OF DEATH Month July Day 14 Year 1963					
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/7/1878		9. AGE (last birthday) 85		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Troy, Missouri		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Levi Barnes				13b. MOTHER'S MAIDEN NAME ParLee Knox				14. NAME OF HUSBAND OR WIFE Price Allen			
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 Ted Schnieder				Address Troy, 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) Cardiac failure										INTERVAL BETWEEN ONSET AND DEATH 1 hour	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) cardiac decompensation										6 months	
DUE TO (c) generalized arteriosclerosis 43B:11										many years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) auricular fibrillation								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <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 May 31, 1963 to July 14, 1963 and last saw ^{her} him alive on July 14, 1963 Death occurred at 3:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <i>R. H. Ramsey</i> (Degree or title)						22b. ADDRESS 100 N. Euclid Ave St. Louis, Mo			22c. DATE SIGNED July 14 1963		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (auto)		23b. DATE 7/14/1963		23c. NAME OF CEMETERY OR CREMATORY Troy City		23d. LOCATION (City, town, or county) Troy, Missouri (State) MO					
24. FUNERAL DIRECTOR Kemper-Marsh Funeral Home ADDRESS Troy, Missouri						25. DATE RECD. BY LOCAL REG. JUL 15 1963		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>			

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Robt. Rainey
Euclid & West Pine

Ph. 1-8212

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 Joseph P. Marsh, Jr.

Licensed Embalmer No. 5105

P. O. Address TROY, 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.