

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039496

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 104

STATE FILE NUMBER

FILED NOV 13 1963

| | |
|---------------------|--------------|
| VS 300 Rev. 4/59 | DATE AMENDED |
| 1 <u>0380</u> | |
| 2 <u>0380</u> | |
| 3 | |
| 4 <u>0</u> | |
| 5 <u>1</u> | |
| 6 | |
| 7 <u>0</u> | |
| 8 <u>2</u> | |
| 9 <u>350XF</u> | |
| 10 | |
| 11 | |
| 12 <u>2-0</u> | |
| 13 <u>1-0</u> | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Gentry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Albany</u> | | c. CITY OR TOWN <u>Albany</u> | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) <u>Gentry County Memorial Hospital</u> | | d. STREET ADDRESS <u>Plainview Rest Home</u> | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>FRANKLIN</u> Middle <u>PETER</u> Last <u>ALLENBRAND</u> | | 4. DATE OF DEATH Month <u>November</u> Day <u>5</u> Year <u>1963</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>15 Oct 81</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming (retired)</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>agriculture</u> | 9. AGE (last birthday) <u>82</u> |
| 11a. FATHER'S NAME <u>Joseph Allenbrand</u> | | 11b. MOTHER'S MAIDEN NAME <u>Minnie Eberle</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Blanche Jolly Allenbrand</u> | |
| 17. INFORMANT <u>Mrs Franklin P. Allenbrand</u> | | Address <u>Albany, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u> DUE TO (b) <u>Parkinson's Disease (Paralysis Agitans)</u> DUE TO (c) <u>Cerebral Atherosclerosis</u> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Post-Operative Hip Nailing (Fracture Left Femur)</u> | | | |
| 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 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.) | |
| 20c. TIME OF INJURY Hour <u>3:15</u> a.m. <u>5</u> 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 <u>Albany, Mo.</u> | |
| 21. I attended the deceased from <u>Sept 27, 1963</u> to <u>Nov 5, 1963</u> and last saw him alive on <u>Nov. 5, 1963</u> Death occurred at <u>3:15 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Iron Morgan M.D.</u> | | 22b. ADDRESS <u>Albany Clinic, Albany, Miss.</u> | |
| 22c. DATE SIGNED <u>11/6/63</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>6 Nov 63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u> | 23d. LOCATION (City, town, or county) <u>Gentry County, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Brooks-Cochell Funeral Home</u> | | 25. DATE RECD. BY LOCAL REG. <u>11-7-63</u> | |
| ADDRESS <u>Albany, Mo.</u> | | 26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u> | |

(Licensed Embalmer's Statement on Reverse Side)

recd
11-7-63

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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald E Cochell

Licensed Embalmer No. 4868

P. O. Address Albany, 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.