

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-068503

Registration District No. 137 Primary Registration District No. 3823 Registrar's No. 27 STATE FILE NUMBER

FILED MAR 20 1961

1. PLACE OF DEATH a. COUNTY Henry b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton Length of stay in 1b 3 yrs c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Henry b. CITY OR TOWN Clinton Inside Limits Yes [X] No [ ] c. STREET ADDRESS (If outside, give location) 211 E. Ohio Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Middle Last ADELAIDE ALETHA ALLEN 4. DATE OF DEATH March 14, 1961

5. SEX Female 6. COLOR OR RACE White 7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ] 8. DATE OF BIRTH 4/9/1899 9. AGE (last birthday) 61

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Clinton, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Chester Moore 13b. MOTHER'S MAIDEN NAME Nellie Nivens 14. NAME OF HUSBAND OR WIFE Ernest Allen (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs W.M. Kerr, Pittsburg Pa.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma liver 1 yr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) Carcinoma uterus 2 yrs.

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 [X] 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 Dec. 1958 to 13 MAR. '61 and last saw him alive on 13 MAR. 1961 Death occurred at 6:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh B. Walker, MD 22b. ADDRESS Clinton, Mo 22c. DATE SIGNED 15 Mar '61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3/16/61 23c. NAME OF CEMETERY OR CREMATORY Englewood 23d. LOCATION (City, town, or county) (State) Clinton, Mo.

24. FUNERAL DIRECTOR Consalus 25. DATE RECD. BY LOCAL REG. Mar. 16, 1961 26. REGISTRAR'S SIGNATURE Mildred Biggem

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

MAR 24 1961

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 Eugene R. Conner

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.