

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-027578
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 13023 Registrar's No. 168

FILED JUL 19 1965

VS 300	DATE AMENDED
Rev. 4/59	
1 <u>04/25</u>	
2 <u>04/30</u>	
3	
4 <u>1</u>	
5 <u>1</u>	
6	
7 <u>0</u>	
8 <u>2</u>	
9 <u>155.0</u>	INSTEAD OF
10	
11	
12 <u>2-2</u>	
13 <u>1-0</u>	
	DOCUMENT
	BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Hickory	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton		Length of stay in 1b 1 Week	c. CITY OR TOWN Weaubleau
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Weaubleau
3. NAME OF DECEASED (Type or print) First Middle Last ZULA MABEL ALLEN			4. DATE OF DEATH Month Day Year July 8, 1965
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/14/94
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Teacher		10b. KIND OF BUSINESS OR INDUSTRY Education	9. AGE (last birthday) 71
11. BIRTHPLACE (City and state or country) Elkton, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Peter Hoffstetter		13b. MOTHER'S MAIDEN NAME Alzina Hibbard	
14. NAME OF HUSBAND OR WIFE Rannie 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. 491-42-6853		17. INFORMANT Address Rannie Allen, Weaubleau, 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) Myocardial Insufficiency INTERVAL BETWEEN ONSET AND DEATH 24 hrs DUE TO (b) Incontinent Deblilitation 2 mos. DUE TO (c) Carcinomatosis 10 mos. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Primary Carcinoma of Liver 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 Month, Day, Year a.m. 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 COUNTY STATE
21. I attended the deceased from Aug. 64 to July 65 and last saw her/him alive on 7-8-65 Death occurred at 11:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) Clinton L. Glass		22b. ADDRESS Clinton Mo.	22c. DATE SIGNED 7/13/65
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/11/65	23c. NAME OF CEMETERY OR CREMATORY Butcher Cemetery	23d. LOCATION (City, town, or county) (State) Hickory Co., Mo.
24. FUNERAL DIRECTOR Hathaway Funeral Home, Wheatland Mo.		25. DATE RECD. BY LOCAL REG. 7-14-65	26. REGISTRAR'S SIGNATURE Mildred Bigum

MBS

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. Consalvo

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.

Permit Obtained 7-14-65 (MB)