

FILED JAN 15 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

CERTIFICATE OF DEATH

124 69-001422

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 1

DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68

9. 1
10a. 92
10b.
11. 1
12. 1
13. 4123
14. 4
15. 9
16.
17.
18. 2
19. CREDITS
20. 1-0

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. SYLVIA BURGHER ALLEN					Female	January 2, 1969		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH		
4. 0425 White		92	MOS. DAYS	HOURS MIN.	Aug 2, 1876	7a. Henry		
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
10b. Clinton		7c. Yes		7d. Town and Country Nursing Home				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
12. Michigan		9. USA		10. Married		11. Robert S. Allen		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY				
12. Housewife		13a.		13b.				
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER		
14a. Missouri		14b. Henry	14c. Clinton		14d. Yes	14e. 210 N. Washington St		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST MIDDLE LAST	
15. Andrew Jackson Burgher					16. Craig			
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17. Robert S. Allen				17b. 210 N. Washington St. Clinton, Mo. 64735				
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) Bronchopneumonia					12 h	
DUE TO, OR AS A CONSEQUENCE OF:		(b) Cerebral Vasculature thrombosis					36 h	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(c) AS H H H					unk	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)		
						19a. 19b.		
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.		20b.		20c.	20d.			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)				
20e.		20f.		20g.				
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR	
I ATTENDED THE DECEASED FROM		21a.	21b.	21c.	21d.	21e.	21f.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		DATE OCCURRED AT THE PLACE, ON THE (HOUR) DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.		
22a.		22b.		22c.		22d.		
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)		
23a. Carroll R. Wetzel		23b. [Signature]		23c. [Signature]		23d. 1-4-69		
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP		
23a.		23b. 105 E. Ohio		23c. Clinton, Mo.		23d. 64735		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE		
24a. Burial		24b. Englewood		24c. Clinton,		24d. Missouri		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
24a. Jan 4, 1969		24b. Consalus, 209 S. Second St. Clinton, Missouri 64735						
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR				
25a. E. R. Consalus		25b. Mildred Biguno		25c. 1-6-69				

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 Ernest R. Consoletti

Licensed Embalmer No. 4680

P. O. Address Clinton, Ma.

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 1-6-65 - [initials]