

FILED JUL 1 1969

124

69 0024216

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 559 Registrar's No. 187

DO NOT WRITE ON THIS STUB

9. 0
10a. 35
10b.
11. 0
12. 1
13. 1719
14.
15. 9
16.
17.
18. 3
19. CREDITS
20. 1-0

VS 300
Rev. 1/68

4. 0420

5. 90

DECEASED

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

60420

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. <u>John</u>		<u>C</u>		<u>Allen</u>	2. <u>Male</u>	3. <u>June 22, 1969</u>		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH			
4. <u>White</u>		5a. <u>35</u>	5b. <u>35</u>	6. <u>Jan. 2, 1934</u>	7a. <u>Henry</u>			
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)					
7b. <u>Calhoun</u>		7c. <u>Yes</u>	7d. <u>Route 1, Calhoun, Mo.</u>					
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)		
8. <u>Missouri</u>		9. <u>U.S.A.</u>		10. <u>Married</u>		11. <u>Velma Lee Elsea Allen</u>		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY				
12. <u>490-42-9464</u>		13a. <u>Trucking</u>		13b.				
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER		
14a. <u>Missouri</u>		14b. <u>Henry</u>	14c. <u>Calhoun</u>		14d. <u>Yes</u>	14e. <u>Route 1</u>		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME			
15. <u>Chester</u>			<u>R.</u>	<u>Allen</u>	16. <u>Ethel Swope</u>			
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. <u>Mrs. John Allen</u>				17b. <u>Rt. 1, Calhoun, Missouri</u>				
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) <u>medullary melanoma</u>							<u>months</u>	
DUE TO, OR AS A CONSEQUENCE OF:								
(b) <u>Carcinomatous</u>							<u>weeks</u>	
DUE TO, OR AS A CONSEQUENCE OF:								
(c) <u>Spinal Sarcoma Metastatic</u>							<u>1 year</u>	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH				
		19a. <u>Yes</u>		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)				
20a.		20f.		20g.				
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR	
21a. I ATTENDED THE DECEASED FROM <u>2/2/68</u>		TO		21b. <u>6/22/69</u>		21c. <u>June 22, 1969</u>		
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		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.		
22a.		22b. <u>9:20 AM</u>		22c. <u>6/22/69</u>		22d. <u>9:20 PM</u>		
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)		
23a. <u>James E. Clouse</u>		23b. <u>James E. Clouse</u>		23c. <u>MD</u>		23d. <u>6/24/69</u>		
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP		
23a.		23b.		23c.		23d.		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE		
24a. <u>Burial</u>		24b. <u>Memory Gardens Cemetery,</u>		24c. <u>Clinton, Missouri</u>				
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP				
24d. <u>June 26, 1969</u>		25a. <u>Gouge Funeral Home, 301 W. Benton,</u>		24e. <u>Windsor, MO.</u>				
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR				
25b. <u>Clifford Gouge</u>		25c. <u>Mildred Beigum</u>		26. <u>6-26-69</u>				

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

JUL 2 - 1969

JUL 14 1969

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 Clifford Gouge

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.*