

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 284
DEFILED 21 64

Primary Registration District No. 3046

Registrar's No. 86
0049252

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0681

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>California</u>		Length of stay in 1b	c. CITY OR TOWN <u>California</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>309 Hodges</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>369 Hodges</u>
3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>S</u> Last <u>ALLEN</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>10</u> Year <u>1964</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-22-1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>87</u>
11. BIRTHPLACE (City and state or country) <u>Center Bern, Switzerland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Spring</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Fahrni</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT <u>William Allen</u>	
16. SOCIAL SECURITY NO.		14. NAME OF HUSBAND OR WIFE <u>W.E. Allen</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>Cerebral Thrombosis</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u> <u>5+ years</u>	
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m.	Month, Day, Year _____		
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>California</u>	COUNTY <u>Moniteau</u> STATE <u>Mo.</u>
21. I attended the deceased from <u>9-1-64</u> to <u>12-10-64</u> and last saw her alive on <u>12-10-64</u> Death occurred at <u>5:20 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R.B. Fisher MD</u>		22b. ADDRESS <u>California, Mo.</u>	22c. DATE SIGNED <u>12-11-64</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>12-13-1964</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>	23d. LOCATION (city, town, or county) (State) <u>California Mo.</u>
24. FUNERAL DIRECTOR <u>Wilson Funeral Home, California Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12/14/64</u>	26. REGISTRAR'S SIGNATURE <u>Helen L. Popejoy</u>

USE BLACK INK

OR

TYPEWRITER RIBBON

JAN 21 1965

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 A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California 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.