

636 8163

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

760005691

STATE FILE NUMBER

Registration District No. 77

77

Primary Registration District No. 3016

3016

Registrar's No.

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0269
2 0269
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4 0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If outside, give location) 217 Bolivar Street	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ELMER FRANCIS ALLEN			4. DATE OF DEATH Month Day Year February 18, 1964
5. SEX Male	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 10-12-1882
9. AGE (last birthday) 81		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Missouri Pacific Rail Road		10b. KIND OF BUSINESS OR INDUSTRY Centertown, Mo.	11. BIRTHPLACE (City and state or country) USA
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John Franklin Allen	
13b. MOTHER'S MAIDEN NAME Nancy Longan		14. NAME OF HUSBAND OR WIFE Maude Beaver 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. 702-14-4777	
17. INFORMANT Mrs. Maude Allen, 217 Bolivar, J.C., Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intra cerebral Hemorrhage DUE TO (b) 2 Subarachnoid Extension of flux DUE TO (c) Arteriosclerosis, Cerebral			INTERVAL BETWEEN ONSET AND DEATH
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 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 COUNTY STATE	
21. I attended the deceased from 2/17/64 to 2/18/64 and last saw her/him alive on 2/18/64 Death occurred at 10⁰⁰ A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert Bryant, M.D.		22b. ADDRESS 515 E. High, Jefferson City, Mo	
22c. DATE SIGNED 2/19/64		22d. LOCATION (City, town, or county) (State) Jefferson City, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 20, 1964	23c. NAME OF CEMETERY OR CREMATORY Centertown Cemetery	
24. FUNERAL DIRECTOR Buescher Memorial, Jefferson City, Mo.		25. DATE RECD. BY LOCAL REG. 19 February 1964	
26. REGISTRAR'S SIGNATURE Norma E. Richter			

USE BLACK INK OR TYPEWRITER RIBBON

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STATE OF MISSOURI

Missouri

State

City

City

Street

Street

State

State

10-12-1938

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Male

USA

Missouri

Missouri

Missouri

Missouri

Missouri

Missouri

Missouri

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Lincoln

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.

Missouri