

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-036958

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 229

Primary Registration District No. 3046

Registrar's No. 5-7

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10681

20681

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12900

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USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Registration District No. 229

Primary Registration District No. 3046

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STATE FILE NUMBER

FILED SEP 26 1963

1. PLACE OF DEATH

a. COUNTY

Moniteau

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

California, Mo-Walker

Length of stay in 1b

7 Yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Home-601 E South St

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Moniteau

admission)

c. CITY

OR
TOWN

California, Mo

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

601 Ease South St

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Anna

Middle

Belle

Last

Allee

4. DATE

OF
DEATH

Month

Sept 7

Day

1963

Year

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/7/87

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Cooper County

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Tindel

13b. MOTHER'S MAIDEN NAME

Mary Duncan

14. NAME OF HUSBAND OR WIFE

Andrew Allee

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.

None

17. INFORMANT

Alvin Allee-California, 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)

Chronic myocarditis

INTERVAL BETWEEN
ONSET AND DEATH

3 years

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Generalized arterio-sclerosis

10 years

DUE TO (c)

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.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

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 ☐
NOT WHILE AT WORK ☐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 Jan 5, 1955 to Sept 7, 1963 and last saw her alive on Sept 7, 1963

Death occurred at 6:15 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Kenyon Latham M.D.

22b. ADDRESS

California, Mo

22c. DATE SIGNED

9-9-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

9/10/63

23c. NAME OF CEMETERY OR CREMATORY

Flag Spring Cemetery

23d. LOCATION (City, town, or county)

Rural-California, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Bowlin Funeral Home-California, Mo

25. DATE RECD. BY LOCAL REG.

9-12-63

26. REGISTRAR'S SIGNATURE

Helen Popejoy

(Licensed Embalmer's Statement on Reverse Side)

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 Jack H. Bowlin

Licensed Embalmer No. 4933

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.