

STANDARD CERTIFICATE OF DEATH

14006

FILED MAY 13 1957

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 48

Health,
Welfare
Public
Service

S. 300
1-56

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>California, Mo Walker</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>California, Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home- 205 S. High 16 Yrs</u>			Length of stay in lb <u>16 Yrs</u>		
d. STREET ADDRESS <u>205 S. High</u>			(If outside, give location) <u>205 S. High</u> Beside on Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Estella</u> Middle <u>Josephine</u> Last <u>Allee</u>			4. DATE OF DEATH <u>Apr 27 1957</u> Month <u>Apr</u> Day <u>27</u> Year <u>1957</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>Aug 23 1877</u>	9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR: Months <u>8</u> Days <u>4</u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>	
13. FATHER'S NAME <u>Andrew Jackson Armstrong</u>			14. MOTHER'S MAIDEN NAME <u>Carnelia Garrol</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Rosalie Allee California, Mo</u> Address <u>California, Mo</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>Found dead in bed. History suggests Coronary Thrombosis</u> DUE TO (b) <u>Arteriosclerosis</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>1 day?</u> <u>7+ years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>4201</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>3</u>
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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
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>8-31-53</u> to <u>1-26-57</u> and last saw <u>her</u> alive on <u>1-26-57</u> Death occurred at <u>about 12:01 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>R B Fuller MD</u> (Degree or title)			22b. ADDRESS <u>California, Mo</u>		22c. DATE SIGNED <u>4-28-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/29/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Flag Spring Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Rural- California, Mo</u>
24. FUNERAL DIRECTOR <u>Earl Boulton - California, Mo</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>4/30/57</u>		26. REGISTRAR'S SIGNATURE <u>H L Poppey</u>	

(Licensed Embalmer's Statement on Reverse Side)

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securing the medical certification in the specific manner required by 193.140 works 1937

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, N

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.