

FILED JAN 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2099

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia				c. CITY (If outside corporate limits, write RURAL and give township) Sedalia			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1009 East Fourth street				d. STREET ADDRESS (If rural, give location) 1009 East Fourth Street			
3. NAME OF DECEASED (Type or Print)		a. (First) MARTHA		b. (Middle) ANN		c. (Last) AILEE	
4. DATE OF DEATH		(Month) Jan.		(Day) 5,		(Year) 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 2, 1869	
9. AGE (In years last birthday) 79		10. MONTHS 2		11. DAYS 3		12. HOURS 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking		11. BIRTHPLACE (State or foreign country) Cole County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Freshour		13b. MOTHER'S MAIDEN NAME Mary Hutchison		14. NAME OF HUSBAND OR WIFE Alexander Allee			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME F.D. Allee			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza DUE TO (c) Advanced Age II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1/80				INTERVAL BETWEEN ONSET AND DEATH few days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-5-1949 to 1-5-1949 , that I last saw the deceased alive on 1-3-1949 and that death occurred at 2:45 pm. , from the causes and on the date stated above.							
23a. SIGNATURE D. Campbell M.D.				23b. ADDRESS Sedalia Mo.		23c. DATE SIGNED 1-8-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/8/49		24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery		24d. LOCATION (City, town, or county) (State) Clarksburg, Missouri	
DATE REC'D BY LOCAL REG. 1-6-49		REGISTRAR'S SIGNATURE Betty Yeager		25. FUNERAL DIRECTOR'S SIGNATURE Shane Ewing		ADDRESS Sedalia Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

DEPT. OF HEALTH

DATE

Date Recd. 1-20-49

Dr. A.J. Campbell

989

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 _____

RICHARD D. CONN

Student Embalmer No. 261

working under my personal supervision.

Signed Richard D. Conn

Student Embalmer

Signed

Duane Ewing

Licensed Embalmer No. 3847

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.