

FILED MAY 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43230

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Versailles</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Versailles</u>	
c. LENGTH OF STAY (in this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>N. Newton St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N. Newton St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u> b. (Middle) <u>Henson</u> c. (Last) <u>Allee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 5, 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Nov. 23, 1868</u>		9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR Months <u>5</u> Days <u>12</u>	
11. BIRTHPLACE (State or foreign country) <u>Latham, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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 <u>None</u>			

13a. FATHER'S NAME <u>G. W. Henson</u>		13b. MOTHER'S MAIDEN NAME <u>Pandia Cane</u>		14. NAME OF HUSBAND OR WIFE <u>Riley Allee</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jess Allee Versailles, Mo.</u>	

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) <u>Coronary occlusion - myocardial infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>Many years</u> <u>Many years</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>Versailles, Mo.</u>	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept.</u> , 19 <u>51</u> , to <u>May 5, 1951</u> , that I last saw the deceased alive on <u>May 5, 1951</u> and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.					

23a. SIGNATURE <u>Jack Gunn</u>		23b. ADDRESS <u>Versailles, Mo.</u>		23c. DATE SIGNED <u>5-7-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 8-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Versailles, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>May 10-1951</u>		REGISTRAR'S SIGNATURE <u>O. L. Washburn, Jr.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Kibbell</u>	
				ADDRESS <u>Versailles, Mo.</u>	

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

Funeral Embalmer's Statement on Reverse Side

RECEIVED 5-14-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 5-14-51 \_\_\_\_\_

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 .....  
Student Embalmer

Signed *Raymond C. Lorber* \_\_\_\_\_

Licensed Embalmer No. *4626* \_\_\_\_\_

P. O. Address *Hennells, m* \_\_\_\_\_

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.