

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20011

0460
1

FILED JUL 2-1951

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 4232 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LETHA</u> b. (Middle) <u>ABBOTT</u> c. (Last) <u>ALLEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-23-51</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>	8. DATE OF BIRTH <u>3/13/86</u>
9. AGE (In years last birthday) <u>65</u>		10. MONTHS <u>3</u>	11. DAYS <u>10</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	
11. BIRTHPLACE (State or foreign country) <u>ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>LIGE ABBOTT</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA PITTMAN</u>		14. NAME OF HUSBAND OR WIFE <u>JOSEPH ALLEN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MINNIE ABBOTT; 708 5 8th St. K.C., Ks.</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>Anasarca, Generalized</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Failure Acute</u> DUE TO (c) <u>Pulmonary Edema, severe</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>Unknown</u> <u>Unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 6/22, 1951, to 6/23, 1951, that I last saw the deceased alive on 6/23, 1951, and that death occurred at 8:00 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. B. Perkins, M.D.</u>		23b. ADDRESS <u>Willow Springs, Mo.</u>		23c. DATE SIGNED <u>6/25/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6/25/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>Willow Springs, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Madeline Ballard</u>		25. ADDRESS <u>Funeral Home Willow Springs Mo.</u>	

DATE REC'D BY LOCAL REG. June 25, 51

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUN 27 1951

Dist. File

Date Filed

631-1322

6-28-51

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.....

John R. Usrey
working under my personal supervision.

Student Embalmer No. 426

Signed *John R. Usrey*
Student Embalmer

Signed *Fred A. Barnes*

Licensed Embalmer No. 4614

P. O. Address *Willow Springs 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.