

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34550

State File No.

FILED OCT 24 1951

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 328

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Route # 2</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>OLA</u> b. (Middle) <u>PEARL</u> c. (Last) <u>ALLCORN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 15, 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>June 5, 1883</u>		9. AGE (In years last birthday) <u>68</u>		10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
11. BIRTHPLACE (State or foreign country) <u>Henry County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>		13. FATHER'S NAME <u>William Raxtohte</u>	
14. MOTHER'S MAIDEN NAME <u>Ruthette Slaven</u>		15. NAME OF HUSBAND OR WIFE <u>G. E. Allcorn</u>		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
17. SOCIAL SECURITY NO. <u>None</u>		18. INFORMANT'S SIGNATURE OR NAME <u>G. E. Allcorn, R. 2, Sedalia, Mo</u>		19. ADDRESS <u>G. E. Allcorn, R. 2, Sedalia, 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, asthma, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>					
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adenocarcinoma of colon</u>					
DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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) <u>174X</u>	
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 <u>July</u> , 19 <u>50</u> , to <u>Oct 15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Oct 15</u> , 19 <u>51</u> , and that death occurred at <u>11:55A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Oliver Arden Sanpack</u>		23b. ADDRESS <u>Sedalia, Missouri</u>		23c. DATE SIGNED <u>10-16-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 17, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>W. Beckert</u>		24f. ADDRESS <u>Sedalia, Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-17-51</u>		REGISTRAR'S SIGNATURE <u>W. Beckert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Beckert</u>	
25a. ADDRESS <u>Sedalia, Mo</u>		25b. ADDRESS <u>Sedalia, Mo</u>		25c. ADDRESS <u>Sedalia, Mo</u>	

(Licensed/Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 23 1961

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

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1961 9 10

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

Licensed Embalmer No.

P. O. Address

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.