

MAY 13 1952

STANDARD CERTIFICATE OF DEATH

State File No. **11907**

0043
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BIRTH NO. 19641 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 76

1. PLACE OF DEATH
 a. COUNTY Audrain
 b. CITY (If outside corporate limits, write RURAL and give town or township) Mexico
 c. LENGTH OF STAY (in this place) 6 da
 d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
 a. STATE Missouri b. COUNTY Audrain
 c. CITY (If outside corporate limits, write RURAL and give township) Ladonia
 d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
 a. (First) CARLA b. (Middle) LYNN c. (Last) ALLRED

4. DATE OF DEATH (Month) (Day) (Year)
May 5, 1952

5. SEX Female

6. COLOR OR RACE white

7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify)
NEVER MARRIED

8. DATE OF BIRTH April 29, 1952
9. AGE (In years last birthday) 5 Months 5 Days 9 Hours 20 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
NONE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Mexico, Mo.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Collis Douglas Allred

13b. MOTHER'S MAIDEN NAME
Velena Mae Fletcher

14. NAME OF HUSBAND OR WIFE
NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.
NONE

17. INFORMANT'S SIGNATURE OR NAME Ther Allred **ADDRESS** 7705

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.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Defects
 ANTECEDENT CAUSES Premature Birth
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature Birth
DUE TO (c) R.H. - - - R.H. + -
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

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)
7705

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

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 April 29, 1952, to May 5, 1952, that I last saw the deceased alive on May 5, 1952, and that death occurred at 9:9 A.M., from the causes and on the date stated above.

23a. SIGNATURE W. W. Thompson (Degree or title)

23b. ADDRESS Mexico Mo 652

23c. DATE SIGNED May 5-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 5-6-52 **24c. NAME OF CEMETERY OR CREMATORY** EASTLAWN MEMORIAL PARK

24d. LOCATION (City, town, or county) (State) AUDRAIN Co. Mo

DATE REC'D BY LOCAL REG. May 6, 1952

REGISTRAR'S SIGNATURE Blanche Neely

25. FUNERAL DIRECTOR'S SIGNATURE Chas Arnold, Jr. **ADDRESS** Mexico Mo

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

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....
Charles V. Greening

Licensed Embalmer No. *4625*

P. O. Address *Mexico 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.