

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27594

331  
4

100 3018 Registrar's No. 60

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018

1. PLACE OF DEATH  
a. COUNTY Dent

2. USUAL RESIDENCE (If deceased lived, if otherwise: residence before admission)  
a. STATE Missouri b. COUNTY Dent

b. CITY (If outside corporate limits, write RURAL and give township) Salem MO. c. LENGTH OF STAY (in this place) \_\_\_\_\_

c. CITY (If outside corporate limits, write RURAL and give township) ~~Salem MO.~~ Salem MO. 0331

d. FULL NAME OF HOSPITAL OR INSTITUTION Knox Nursing Home

d. STREET ADDRESS (If rural, give location) Salem MO. /

3. NAME OF DECEASED  
a. (First) Lettie b. (Middle) L. c. (Last) Allis

4. DATE OF DEATH (Month) (Day) (Year) August 6- 1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH June 8-1863 9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Housewife 11. BIRTHPLACE (State or foreign country) 9 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME unknown 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE unknown

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. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS KNOX NURSING HOME SALEM MO

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Starvation and inanition.

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senile Dementia-

DUE TO (c) Arterio-sclerosis

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  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) 4500

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) \_\_\_\_\_ 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 July 29, 1952, to Aug 6, 1952, that I last saw the deceased alive on AUG 6, 1952, and that death occurred at 1:31 P.M., from the causes and on the date stated above.

23a. SIGNATURE (If legible or title) Joseph R. Burnett, Jr. 23b. ADDRESS Salem MO 23c. DATE SIGNED 8-7-52

24a. BURIAL (REMOVAL, REMOVAL) (Specify) \_\_\_\_\_ 24b. DATE 8/6/52 24c. NAME OF CEMETERY OR CREMATORY \_\_\_\_\_ 24d. LOCATION (City, town, or county) (State) Mt. View MO.

DATE REC'D BY LOCAL REG. 8-11-52 REGISTRAR'S SIGNATURE M.M. Hart, D.M. by eng. 83-0 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. J. Spierlein Salem MO

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

.....  
Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Carl D. Lyness

Licensed Embalmer No. 370

P. O. Address Salisbury, 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.