S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36072

FILED OCT 21 1952

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6009 Registrar's No. 55

5930
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: St. Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Collins - rural
c. LENGTH OF STAY (In this place): 58 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Collins Township

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Collins - rural 0930
d. STREET ADDRESS (If rural, give location): Collins Township

3. NAME OF DECEASED (Type or Print)
a. (First): Lucy b. (Middle): E. c. (Last): Mott

4. DATE OF DEATH (Month) (Day) (Year): Sept; 26, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec, 3, 1877
9. AGE (In years last birthday): 74 | 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): Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY: In Home
11. BIRTHPLACE (City and State or Foreign Country): Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Henry T. Allen
13b. MOTHER'S MAIDEN NAME: Laura B. Cornelia
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Frankie Davis, Collins Mo;

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza Intestinal

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Dead
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 482 X
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* Apr 23, 1951, *to* Sept 26, 1952, *that I last saw the deceased alive on* Sept 26, 1952, *and that death occurred at* 4:4 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. E. S. Brown DO
23b. ADDRESS: Collins Mo
23c. DATE SIGNED: 9-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/28/52
24c. NAME OF CEMETERY OR CREMATORY: Robinson
24d. LOCATION (City, town, or county) (State): Collins Missouri.

DATE REC'D BY LOCAL REG.: 9-27-52
REGISTRAR'S SIGNATURE: Ruth Sievers
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: F B Goodrich Osceola Mo

(Licensed Embalmer's Statement on Reverse Side)

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 F B Goodrich
Licensed Embalmer No. 3038
P. O. Address Osceola 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, line should be so noted above.