

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6716**

FILED FEB 26 1953

No. 300  
10. 48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>	c. LENGTH OF STAY (In this place) <u>4 yr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miller Mo. (Lincoln)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rigby Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>City 0550</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lessie</u>	b. (Middle) <u>May</u>	c. (Last) <u>Allen</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-18-1953</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>1-16-1888</u>
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe Co. Ky.</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Thomas Lane</u>	
13b. MOTHER'S MAIDEN NAME <u>Lena Turner</u>		14. NAME OF HUSBAND OR WIFE <u>Leon 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 <u>Home Allen Miller Mo.</u> ADDRESS <u>Miller Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES <u>Bedford rheumatoid arthritis to severity to debilitated</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>year</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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>3/14, 1950</u> , to <u>2/18, 1953</u> that I last saw the deceased alive on <u>2/3, 1953</u> , and that death occurred at <u>7:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. J. Haines MD</u> (Degree or title)		23b. ADDRESS <u>Mt Vernon</u>	23c. DATE SIGNED <u>2/18/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-20-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Segmore</u>	24d. LOCATION (City, town, or county) (State) <u>N.E. of Miller Mo.</u>
DATE REC'D BY LOCAL REG. <u>2-20-53</u>	REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris Linnon Miller Mo.</u> ADDRESS	

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 *E. R. Senior*

Licensed Embalmer No. 3297

P. O. Address Miller 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.