S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13558

State File No.

FILED MAY 5 1953

BIRTH NO. REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 24

201
0

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): El Dorado Springs
c. LENGTH OF STAY (In this place): 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Chambers Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cedar
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): El Dorado Springs 0201 0
d. STREET ADDRESS (If rural, give location): 317 West Kickapoo

3. NAME OF DECEASED (Type or Print)
a. (First): Ada
b. (Middle): Lee
c. (Last): Allen

4. DATE OF DEATH (Month) (Day) (Year): Apr. 29, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-17-1889
9. AGE (In years last birthday): 63
If under 1 year: Months / Days
If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Milford Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Tracy
13b. MOTHER'S MAIDEN NAME: Maggie Duncan
14. NAME OF HUSBAND OR WIFE: John W. Allen

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.:
17. INFORMANT'S SIGNATURE OR NAME: John W. Allen
ADDRESS: El Dorado Spgs.

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) Physical exhaustion — Interval between onset and death: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer of liver w — 1 yr +
DUE TO (c) metastasis thru out abdomen

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: 1561
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. 6, 1953, *to* Apr. 28, 1953, *that I last saw the deceased alive on* Apr. 28, 1953, *and that death occurred at* 8:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: C. H. Sunderwirth
(Degree or title): D.O.
23b. ADDRESS: El Dorado Springs
23c. DATE SIGNED: 4/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-1-53
24c. NAME OF CEMETERY OR CREMATORY: Lake Cemetery
24d. LOCATION (City, town, or county) (State): Lamar, Missouri

DATE REC'D BY LOCAL REG.: APRIL 30, 1953
REGISTRAR'S SIGNATURE: Leo W. Wafer, Deputy — Lu L. Smith
25. FUNERAL DIRECTOR'S SIGNATURE: Irvin Carithers
ADDRESS: El Dorado Springs

418 - 0 (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 May W. Pickering

Licensed Embalmer No. 4696

P. O. Address [illegible]

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.