

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29165

State File No. ....

FILED SEP 2 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>125</u>			
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>					
b. CITY OR TOWN <u>Lebanon</u>		c. LENGTH OF STAY (In this place) <u>2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon Mo. 0532</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>747 South Adams St.</u>				d. STREET ADDRESS (If rural, give location) <u>747 South Adams St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edith</u> b. (Middle) <u>Louise</u> c. (Last) <u>M. Allister</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 26 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>Oct. 20, 1917</u>			
9. AGE (In years last birthday) <u>35</u>		10. MONTHS <u>10</u>		11. DAYS <u>6</u>		IF UNDER 14 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Perry Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>John Jackson</u>			13b. MOTHER'S MAIDEN NAME <u>Edith Jones</u>		14. NAME OF HUSBAND OR WIFE <u>C. R. M. Allister</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>C. R. M. Allister</u> ADDRESS <u>Lebanon Mo</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of colon</u>					<u>6 mos.</u>		
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.							
		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. <u>153X</u>							
19a. DATE OF OPERATION <u>5-1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>malignant mass in regions of sigmoid colon.</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>2-16-1953</u> , to <u>8-26-1953</u> ; that I last saw the deceased alive on <u>8-25, 1953</u> and that death occurred at <u>1:40 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>B. B. Hurst, M.D.</u> (Degree or title)				23b. ADDRESS <u>Lebanon Mo</u>		23c. DATE SIGNED <u>8-27-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/28/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-28-1953</u>		REGISTRAR'S SIGNATURE <u>Altha L. Day</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Holman</u> ADDRESS <u>Funeral Home Lebanon Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 29 1953

Received .....

LaClede County Health Unit

File no. 8-53-129

Date Filed SEP 1 1953

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.

Student Embalmer No.....

Signed Hersey M. Howe

Signed.....  
Student Embalmer

Licensed Embalmer No. 4222

P. O. Address. Lebanon, 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.