

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1954

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>	
1. PLACE OF DEATH a. COUNTY <b>Franklin.</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington</b>		c. LENGTH OF STAY (In this place) <b>6 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington</b> <b>0362</b>		d. STREET ADDRESS (If rural, give location) <b>9 W. 3rd St.</b> <b>0</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Melissa</b>		b. (Middle) <b>D.</b>	c. (Last) <b>Sidebottom</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 19th, 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 15th, 1869</b>		9. AGE (In years last birthday) <b>84</b> If under 1 year: Months <b>3</b> Days <b>4</b> Hours <b>1</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home-maker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Morgan County</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Nathan Oliver Allen</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Caroline Bond.</b>	14. NAME OF HUSBAND OR WIFE <b>John W. Sidebottom.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John V. Butcher Washington, Mo.</b>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chr. nephro-sclerosis (uremic) several yrs.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-sclerosis.</b> DUE TO (c) <b>Senility</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Paralysis (quadral)</b>		19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <b>446X</b>
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>Jan 9, 1922</u> , to <u>Jan 19, 1954</u> , that I last saw the deceased alive on <u>Jan 19, 1954</u> , and that death occurred at <u>11:15</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>L. Murch</i>		(Degree or title)	23b. ADDRESS <u>705 E. Washington Mo</u>		23c. DATE SIGNED <u>1-20-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 22, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Versailles Cemetery,</b>	24d. LOCATION (City, town, or county) (State) <b>Versailles, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>1-21-54</b>	REGISTRAR'S SIGNATURE <i>L. Murch</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Rieburg &amp; Vitt, Inc. Washington, Mo.</i>		

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

*A. J. Mobley*

Licensed Embalmer No. \_\_\_\_\_

*2387*

P. O. Address \_\_\_\_\_

*Washington, 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.