

FILED AUG 13 1954

## STANDARD CERTIFICATE OF DEATH

25926

State File No. ....

BIRTH NO. ....		REG. DIST. NO. 33		PRIMARY REG. DIST. NO. 3074		Registrar's No. 114	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Sikeston, Mo		c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN Sikeston, Mo		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 100-3	
d. FULL NAME OF HOSPITAL OR INSTITUTION 620 Williams				e. STREET ADDRESS (If rural, give location) 620 Williams			
3. NAME OF DECEASED (Type or Print)		a. (First) Mina		b. (Middle) --- --		c. (Last) Allen	
4. DATE OF DEATH		7		8. DATE OF BIRTH		9. AGE (In years last birthday) 79	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2		10. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and State or Foreign Country) Ill		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME W.L. Ozment		13b. MOTHER'S MAIDEN NAME Julia Irven		14. NAME OF HUSBAND OR WIFE X		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	
16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME O.A. Allen		18. ADDRESS 624 William Sikeston, MO		19. 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.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 years		10 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on 14 July, 1954, and that death occurred at 5:30 P.M., from the causes and on the date stated above.		23a. SIGNATURE L.S. Shagmoin M.D.		23b. ADDRESS Sikeston, Mo	
23c. DATE SIGNED 4 Aug 54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/30/54		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
24d. LOCATION (City, town, or county) (State) Sikeston, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Albritton Funeral Home		25. ADDRESS Sikeston, Mo		26. DATE REC'D BY LOCAL REG. 8-7-54	
26. REGISTRAR'S SIGNATURE Mrs. C. L. Smith		26. ADDRESS 424 - 7		26. DATE REC'D BY LOCAL REG. 8-7-54		26. REGISTRAR'S SIGNATURE Mrs. C. L. Smith	

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED 1956 6 NOV  
SCOTT CO. HEALTH DEPT.  
CO. FILE No. 854-156

### 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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 29

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.