

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

38049

State File No. ....

FILED DEC 6 1954

BIRTH NO. ....		REG. DIST. NO. <u>2122</u>		PRIMARY REG. DIST. NO. <u>3044</u>		Registrar's No. <u>52</u>	
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Eldon</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Eldon</u>		d. STREET ADDRESS (If rural, give location) <u>203 W. First</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>203 W. First</u>				d. STREET ADDRESS (If rural, give location) <u>203 W. First</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAUDE</u>		b. (Middle) <u>FRANKLIN</u>		c. (Last) <u>ALLEE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 16, 1954</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>Jan. 29, 1885</u>	
9. AGE (In years last birthday) <u>69</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Barnett, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James S. Franklin</u>		13b. MOTHER'S MAIDEN NAME <u>Elyzabeth Cross</u>		14. NAME OF HUSBAND OR WIFE <u>Warren L. Allee</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>W. L. Allee</u> ADDRESS <u>Eldon, Mo.</u>			
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) <u>Carcinomatosis.</u> ANTECEDENT CAUSES <u>Primary undetermined</u> Morbidity 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		19c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>1999</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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		21g. HOW DID INJURY OCCUR?		21h. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>October 1, 1954</u> , to <u>Nov 16, 1954</u> , that I last saw the deceased alive on <u>Nov 16, 1954</u> , and that death occurred at <u>3:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. O. Shelton M.D.</u>		23b. ADDRESS <u>Eldon Mo.</u>		23c. DATE SIGNED <u>Nov 18 54</u>		23d. DATE REC'D BY LOCAL REG. <u>Nov. 18, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>Nov. 19, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.W. Newsum</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvonnata Walt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis W. Phillips</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Eldon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Eldon</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 6 1933

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

*Louis H. Phillips*

Licensed Embalmer No.

3663

P. O. Address

*Bedon*

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.