

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5736 Registrar's No. 31

1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, write RURAL and give township)

Sedalia Sedalia 9th

d. FULL NAME OF HOSPITAL OR INSTITUTION

Bethwell Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

Pettis 0800

c. CITY (If outside corporate limits, write RURAL and give township)

Rural

Smithton Twp

d. STREET ADDRESS (If rural, give location)

East of Smithton. 1 mile

3. NAME OF DECEASED (Type or Print)

a. (First)

Lillian

b. (Middle)

Louise

c. (Last)

Allen

DATE OF DEATH

(Month)

(Day)

(Year)

Jan 7-55

5. SEX

F

6. COLOR OR RACE

W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Apr 25-11

9. AGE (In years last birthday)

43

IF UNDER 1 YEAR

Months

Days

Hours

Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Teaching

11. BIRTHPLACE (State or foreign country)

Missouri

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Thos. Sanford

13b. MOTHER'S MAIDEN NAME

Emily Griffin

14. NAME OF HUSBAND OR WIFE

John Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT'S SIGNATURE OR NAME

John Allen Otterville no

ADDRESS

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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

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.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

Adenocarcinoma, Ovaries with Generalized Metastases 6 mos

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

Adenocarcinoma, Ovaries, with Metastases

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

(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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1954, to Jan 1955, that I last saw the deceased alive on Jan 7, 1955, and that death occurred at 6 P.M., from the causes and on the date stated above.

23a. SIGNATURE

P. V. Siegel MD

23b. ADDRESS

Smithton Mo

23c. DATE SIGNED

1-9-55

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

Jan 10-55

24c. NAME OF CEMETERY OR CREMATORY

Smithton

24d. LOCATION (City, town, or county)

Smithton

(State)

Mo

DATE REC'D BY LOCAL REG.

1-10-55

REGISTRAR'S SIGNATURE

Harris Coontz, Deputy

25. FUNERAL DIRECTOR'S SIGNATURE

M.F. Harnage Smithton Mo

ADDRESS

APR 12 1965

JAN 4 1962

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 _____

Licensed Embalmer No. 3912

P. O. Address Smithton Me

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.