

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36176

State File No.

0164 0

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Cane Girardeau</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Cane Girardeau</u> c. LENGTH OF STAY (in this place) <u>57 DYS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosnital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> c. CITY OR TOWN <u>New Madrid</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>741 Davis St.</u> <u>01210</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maude</u> b. (Middle) <u>O'Bannon</u> c. (Last) <u>Allen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 8, 1955</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>July 29, 1892</u>
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New Madrid, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Walter N. O'Bannon</u>	
14. MOTHER'S MAIDEN NAME <u>Mary E. Williams</u>		15. NAME OF HUSBAND OR WIFE <u>AO Allen</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		17. SOCIAL SECURITY NO. <u>None</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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinoma of Breast</u> ANTECEDENT CAUSES <u>Carcinoma of Breast</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. 170X		19. DATE OF OPERATION <u>Nov 7, 1955</u>	
20. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Breast</u>		21. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22. ACCIDENT SUICIDE HOMICIDE (Specify) _____		23. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
24. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) _____		25. HOW DID INJURY OCCUR? _____	
26. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		27. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
28. I hereby certify that I attended the deceased from <u>7/1</u> , 19 <u>53</u> , to <u>11/8</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov 7, 1955</u> , and that death occurred at <u>3:15</u> a.m., from the causes and on the date stated above.			
29. SIGNATURE (Degree or title) <u>Dr. C. C. Summers</u>		30. ADDRESS <u>Capo Healthcare 11/12/55</u>	
31. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		32. DATE <u>10 Nov. 55</u>	
33. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>		34. LOCATION (City, town, or county) (State) <u>New Madrid, Missouri</u>	
35. DATE REC'D BY LOCAL REG. <u>11-15-55</u>		36. REGISTRAR'S SIGNATURE <u>C. C. Summers</u> <u>44-0</u>	
37. FUNERAL DIRECTOR'S SIGNATURE <u>Unit Co. New Madrid</u>		38. ADDRESS <u>Unit Co. New Madrid</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 18 1955

JAN 8 1958

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 *Henry L. Roberts*.....

Licensed Embalmer No. *4886*.....

P. O. Address *New Madrid, Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.