

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **41177**

FILED DEC 19 1955

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4262</u>		Registrar's No. <u>71</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Knox City</u>		c. LENGTH OF STAY (In this place) <u>2 wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina, Mo.</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Nelson Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>0520</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lottie</u>		b. (Middle) <u>May</u>		c. (Last) <u>Allensworth</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 11 1955</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Oct 15-1867</u>	
9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Shouse</u>		13b. MOTHER'S MAIDEN NAME <u>Amy Ellison</u>		14. NAME OF HUSBAND OR WIFE <u>Elera Allensworth</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Thelma Cloat</u>		ADDRESS <u>Edina, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>592X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		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>Nov 18</u> , 19 <u>55</u> , to <u>Dec 11</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Dec 11, 1955</u> , and that death occurred at <u>3 p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. P. Phillips D.O.</u>				23b. ADDRESS <u>Knox City, Mo.</u>		23c. DATE SIGNED <u>12-14-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 14-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Knox City, Ce.</u>		24d. LOCATION (City, town, or county) (State) <u>Knox City - Knox Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec-14-1955</u>		REGISTRAR'S SIGNATURE <u>Will S. H. ...</u>		FUNDAL DIRECTOR'S SIGNATURE <u>Ellis R. ...</u>		ADDRESS <u>Kahaka</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

W. L. Lutting

Licensed Embalmer No. *29615*

P. O. Address

Maym

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.