

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1865

BIRTH NO. REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5665 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steffenville		c. CITY OR TOWN Steffenville	d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 6560	

3. NAME OF DECEASED (Type or Print) a. (First) Ada b. (Middle) Elizabeth c. (Last) Allen		4. DATE OF DEATH (Month) (Day) (Year) February 3, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 18, 1889
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Ten Mile, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Henry J. Zopf	13b. MOTHER'S MAIDEN NAME Henrietta Priser	14. NAME OF HUSBAND OR WIFE Noble Allen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) 666-	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Noble Allen ADDRESS Steffenville, Mo

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis & Decompensation INTERVAL BETWEEN ONSET AND DEATH 2 yrs 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. Arteriosclerosis & Hypertension	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒	

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 ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to **Feb 3, 1956** that I last saw the deceased alive on **Feb 2, 1956** and that death occurred at **7:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Naldo B. Ison M.D.	23b. ADDRESS Knorr City Mo.	23c. DATE SIGNED 2/4/56
--	------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/5/1956	24c. NAME OF CEMETERY OR CREMATORY Steffenville Cemetery	24d. LOCATION (City, town, or county) (State) Steffenville, Mo.
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. 2-6-56	REGISTRAR'S SIGNATURE P.W. Jennings M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Glader Jr. LaBelle, Mo.
--	---	---

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 myself, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. A. Cader Jr.
Licensed Embalmer No. 438
P. O. Address La Belle

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.