

FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9440**

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

| | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>156</u> | | PRIMARY REG. DIST. NO. <u>2001</u> | | Registrar's No. <u>145</u> | |
| 1. PLACE OF DEATH a. COUNTY JASPER | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY JASPER | | | |
| b. CITY OR TOWN JOPLIN | | c. LENGTH OF STAY (In this place) YRS | | c. CITY OR TOWN JOPLIN | | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 118 N. WASHINGTON AVE. | | | | e. STREET ADDRESS (If rural, give location) 118 N. WASHINGTON AVE. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) SYLVIA | | | b. (Middle) ROSEBELL | | c. (Last) ALLEN | | 4. DATE OF DEATH (Month) (Day) (Year) MAR. 25, 1956 |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | | 8. DATE OF BIRTH OCT. 24, 1879 | | 9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME | | 11. BIRTHPLACE (City and State or Foreign Country) TALLEY COUNTY, Ks. | | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME WILLIAM ASHBURN | | | 13b. MOTHER'S MAIDEN NAME ELLEN CRIPPIN | | 14. NAME OF HUSBAND OR WIFE DR. W. Z. ALLEN, DECD 1941 | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS HAL ROWLAND, 118 N. WASHINGTON AVE. | | | |
| 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) Cerebral thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cerebral arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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) 332x | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 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>Aug 10, 1935</u> , to <u>Mar 25, 1956</u> , that I last saw the deceased alive on <u>Mar 25, 1956</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Donald R. Patterson M.D. | | | | 23b. ADDRESS 811 Fisco Bldg Joplin Mo | | 23c. DATE SIGNED 3-28-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 3-28-56 | 24c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY | | 24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI | | |
| DATE REC'D BY LOCAL REG. 3-30-56 | | REGISTRAR'S SIGNATURE Dove Merriam | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO. | | | |

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 *F. M. Jones*

Licensed Embalmer No. 25

P. O. Address *Joplin*

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.