

FILED SEP 24 1956

STANDARD CERTIFICATE OF DEATH

30106

STATE FILE NUMBER

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>El Dorado Spgs.</u>		c. CITY OR TOWN <u>El Dorado Spgs.</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>500 S. High St.</u>		d. STREET ADDRESS (If outside, give location) <u>500 S. High St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Paula</u> Middle <u>A.</u> Last <u>ALLISON</u>		4. DATE OF DEATH Month <u>9</u> Day <u>19</u> Year <u>56</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-22-1900</u>
9. AGE (In years last birthday) <u>55</u>		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>5</u> Days <u>5</u> Hours <u>5</u> Min. <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (City and state or country) <u>Bates Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>James A. Smith</u>		14. MOTHER'S MAIDEN NAME <u>Charalotte White</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>H. R. Albion</u>		Address <u>El Dorado Spgs.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>General debility</u> DUE TO (b) <u>Intrastatic Adenocarcinoma of breast</u> DUE TO (c) <u>Adenocarcinoma of breast</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>170X</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u>15:40</u> Month <u>July</u> Day <u>1955</u> Year <u>55</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <u>El Dorado Spgs., Mo.</u>		20f. COUNTY <u>Butler</u>	
20g. STATE <u>Mo.</u>		20h. CITY, TOWN, OR LOCATION <u>El Dorado Spgs., Mo.</u>	
20i. COUNTY <u>Butler</u>		20j. STATE <u>Mo.</u>	
21. I attended the deceased from <u>July 1955</u> to <u>Sept 19 1956</u> and last saw her alive on <u>9-19-56</u> Death occurred at <u>15:40 A. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert L. Mager M.D.</u>		22b. ADDRESS <u>El Dorado Spgs., Mo.</u>	
22c. DATE SIGNED <u>9-20-56</u>		22d. SIGNATURE <u>George W. Mager</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-22-56</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		23d. LOCATION (City, town, or county) <u>Butler, Mo.</u>	
23e. STATE <u>Mo.</u>		23f. CITY, TOWN, OR LOCATION <u>El Dorado Spgs.</u>	
23g. COUNTY <u>Butler</u>		23h. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Swinn (Butler) El Dorado Spgs.</u>		25. DATE RECD. BY LOCAL REG. <u>9-21-56</u>	
26. REGISTRAR'S SIGNATURE <u>George W. Mager</u>		26. REGISTRAR'S SIGNATURE <u>George W. Mager</u>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Max W. Sicking

Licensed Embalmer No. *469*

P. O. Address *El Dorado*

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