

1775

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 13 1957

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 20

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Laclede	STATE	Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only)	Lebanon	b. COUNTY	Laclede
OR TOWN	Lebanon	c. CITY OR TOWN	Lebanon Rural
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Wallace Hosp	d. STREET ADDRESS	Rt. # 3
Length of stay in 1b	1 hr.	(If outside, give location)	Resid on Farm

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
Sofia Pearl Allison			Feb. 2, 1957		
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH		
F	white	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	Sept. 11, 1913		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		100. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?
Lunch stand operator		Wright Co. Mo.	U. S. A.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
James S. Snow			Dona K. Williams		
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 Address		
no		-	Mrs. Ida Allison Lebanon, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) Skull fracture		1 hr.
DUE TO (b) Scalp laceration other head injuries		
DUE TO (c) also deep laceration of right arm		
Car accident		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		8164 26

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
	Car in which she was riding was hit	
20c. TIME OF INJURY	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
6:30 P. m.	7 mi S. highway #5	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	20g. COUNTY STATE
	Lebanon	Laclede, Mo.
21. I attended the deceased from _____ and last saw her/him alive on _____		
Death occurred at 7:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
S. R. Palmer, Jr. Coroner 3	Lebanon, Mo.	2-7-57

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	2/6/57	Mt. Rose Memorial Park	Lebanon, Mo.
24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE	
Halman Lebanon, Mo.	2-7-1957	Hella L. Hloy	

(Licensed Embalmer's Statement on Reverse Side)

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

100-56

Health, Welfare, Public Service

Received 2-11-57
Laclede County Health Unit
File No. 20
Date Filed 2-11-57

FEB 13 1957

FEB 18 1957

FEB 18 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me; or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Dorsey M. Hou

Licensed Embalmer No. 47

P. O. Address Leban

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