No. 300
10-48

FILED JUN 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18341
State File No.

BIRTH NO. REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 6055 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY St. Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Appleton City
c. LENGTH OF STAY (in this place) 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ellett Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Vernon
c. CITY OR TOWN Schell City
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location) 1080

3. NAME OF DECEASED (Type or Print)
a. (First) Lula
b. (Middle) May
c. (Last) Allinson

4. DATE OF DEATH (Month) June (Day) 7 (Year) 1957

5. SEX female
6. COLOR OR RACE white
7. ~~MARRIED~~, ~~NEVER MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify) widowed
8. DATE OF BIRTH August 10, 1895
9. AGE (In years last birthday) 61 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Operator
10b. KIND OF BUSINESS OR INDUSTRY Telephone Co.
11. BIRTHPLACE (City and State or Foreign Country) near Taberville
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME James Fiske
13b. MOTHER'S MAIDEN NAME Laura Cox
14. NAME OF HUSBAND OR WIFE Reed Allinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 496-09-8251
17. INFORMANT'S SIGNATURE OR NAME Mrs. Lowell Foster, ADDRESS

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, asthenia, etc.. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C. V. A. — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) HYPERTENSION — chronic

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
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) m.
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* May, 1957, *to* June 7, 1957, *that I last saw the deceased alive on* June 7, 1957, *and that death occurred at* 8:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE W. H. Ellett (Degree or title) MD
23b. ADDRESS Appleton City Mo.
23c. DATE SIGNED June 10 1957

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial
24b. DATE June 10, 1957
24c. NAME OF CEMETERY OR CREMATORY Taberville Cemetery
24d. LOCATION (City, town, or county) Taberville (State) Missouri

DATE REC'D BY LOCAL REG. June 13 1957
REGISTRAR'S SIGNATURE Ola Abney
25. FUNERAL DIRECTOR'S SIGNATURE Lewis & Son ADDRESS Schell City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

285
0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

, working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....John G. Lewis.....

Licensed Embalmer No. 477

P. O. Address Schell Ci

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