

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 30 1957

45365

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Waynesville, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Waynesville, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Way. Gen. Hosp.</u>			Length of stay in lb <u>20 days</u>		d. STREET ADDRESS (If outside, give location) <u>None.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <u>Nellie</u> Middle <u>....</u> Last <u>Allen.</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>4</u> Year <u>1957</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>July 15, 1884</u>		9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>   </u> Days <u>   </u>		IF UNDER 24 HRS. Hours <u>   </u> Min. <u>   </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>None.</u>		11. BIRTHPLACE (City and state or country) <u>New Basel, Kansas.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13. FATHER'S NAME <u>Benjamin Wilson Peck.</u>						14. MOTHER'S MAIDEN NAME <u>Elizs Morley.</u>								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>.....</u>		17. INFORMANT <u>Louise Gardiner</u> Address <u>Kansas City, Kansas</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>Metastatic Carcinoma of ascending Colon.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of uterus.</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)										INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>5 yrs</u>				
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>   </u> Month <u>   </u> Day <u>   </u> Year <u>   </u> a. m. <u>   </u> p. m. <u>   </u>														
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY			STATE		
21. I attended the deceased from <u>7-18-56</u> to <u>12-4-57</u> and last saw her <u>her</u> alive on <u>12-4-57</u> . Death occurred at <u>3:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE (Degree or title) <u>R. O. Alworth, M.D.</u>						22b. ADDRESS <u>Waynesville, Missouri.</u>			22c. DATE SIGNED <u>12/6/57</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/6/57</u>		23c. NAME OF CEMETERY OR CREMATORY: <u>Way. Memorial Cemst.</u>			23d. LOCATION (City, town, or county) (State) <u>Waynesville, Missouri</u>							
24. FUNERAL HOME OR ADDRESS <u>Hedges Funeral Home, Way., Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>12-16-57</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>								

DEC 31 1957

FEB 3 1958

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 *Clarence Gross*

Licensed Embalmer No. *483*

P. O. Address *Wilmington*

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.