

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001904

STATE FILE NUMBER

JAN FEB 3 1959		Registration District No. 170		Primary Registration District No. 3033		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY Laclede				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Hosp.		Length of stay in lb 2 Days		d. STREET ADDRESS (If outside, give location) 285 Ash		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JUNE Middle — Last ALGEO				4. DATE OF DEATH Month Jan. Day 24, Year 1959			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 17, 1895	
9. AGE (In years and months) 69		10. UNDER 1 YEAR Months Days		11. UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher		10b. KIND OF BUSINESS OR INDUSTRY Public School		11. BIRTHPLACE (City and state or country) Taylor County Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George S. Algeo		13b. MOTHER'S MAIDEN NAME Nina Mc Crocken		14. NAME OF HUSBAND OR WIFE None.			
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. None.		17. INFORMANT Miss Ann Algeo, Lebanon, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Primary of breast. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170X						INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 3 yrs.	
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 a.m. Month, Day, Year p.m.							
20d. INJURY OCCURRED WHILE AT <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 Jan. 1958, to Jan. 24 '59 and last saw her give on Jan. 24, 1959 Death occurred at 6:30 P. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE H. Carrington M.D.		(Degree or title)		22b. ADDRESS Lebanon, Mo.		22c. DATE SIGNED Jan 26, 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1/27/59		23c. NAME OF CEMETERY OR CREMATORY IOOF C-metery		23d. LOCATION (City, town, or county) (State) Golden City, Missouri	
24. FUNERAL DIRECTOR S. R. Palmer Lebanon, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 1-26-1959		26. REGISTRAR'S SIGNATURE Hella L. Hays	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Date Filed FEB 2 1959

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 *Stanley R. Pabusa*

Licensed Embalmer No. *4810*
P. O. Address *Lebanon, Mo.*

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.