pt. Health,
., & Welfare
S. Public
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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. Aff. of Funeral Director 2/28/62

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1962

-62-000143
STATE FILE NUMBER

Registration District No. 14 Primary Registration District No. 4029 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN: Minden — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: 90 Home — Length of stay in 1b: 1 Month

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: New Mexico — b. COUNTY:
c. CITY OR TOWN: Carlsbad 8300 2 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: ~~Elizabeth~~ Sarah H. Middle: Last: McAllister

4. DATE OF DEATH Month: 1 Day: 18 Year: 1962

5. SEX: 1 Female

6. COLOR OR RACE: W

7. MARRIED [X] **NEVER MARRIED** [ ] 1 **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 1-3-1893

9. AGE (In years last birthday): 69 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): 2 England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Joseph Lee

13b. MOTHER'S MAIDEN NAME: Elizabeth Jackson

14. NAME OF HUSBAND OR WIFE: Joseph

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.:

17. INFORMANT: Joseph McAllister — Address: Minden

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) General metastasis from Ca. of colon — INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1538

19. WAS AUTOPSY PERFORMED? 2 YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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. 1, 1962, to Jan. 18, 1962 and last saw her alive on Jan. 17, 1962. Death occurred at 2:30 P.M., on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. F. Rinehart M.D. — **22b. ADDRESS:** Pittsburg, Kan — **22c. DATE SIGNED:** Jan. 19, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **23b. DATE:** 1-22-1962 — **23c. NAME OF CEMETERY OR CREMATORY:** Mt Carmel — **23d. LOCATION** (City, town, or county): Frontenac — (State): Kans

24. FUNERAL DIRECTOR: John C. Frickel — **ADDRESS:** Frontenac Kan — **25. DATE RECD. BY LOCAL REG.:** Jan. 22, 1962 — **26. REGISTRAR'S SIGNATURE:** Charlotte McDowell

(Licensed Embalmer's Statement on Reverse Side)

1-0

FEB 6 1962

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 John C. Frisbee

Licensed Embalmer No. 1775

P. O. Address Frontenac Ka

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.