

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **19865**

No. 300  
10-48  
FILED JUL 6 1954

BIRTH NO. **359** REG. DIST. NO. **214** PRIMARY REG. DIST. NO. **3052** Registrar's No. **232**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Pettis</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		c. CITY OR TOWN <b>Sedalia</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>Life</b>		e. STREET ADDRESS (If rural, give location) <b>1502 East 12th St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>ANN</b> c. (Last) <b>ALLCORN</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 26, 1954</b>		
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Never Married</b>	<b>8. DATE OF BIRTH</b> <b>Aug. 6, 1911</b>	<b>9. AGE</b> (In years last birthday) <b>9</b>	<b>10. UNDER 1 YEAR</b> Months <b>10</b> Days <b>20</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Student</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Public Schools</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Sedalia, Mo.</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>					

<b>13a. FATHER'S NAME</b> <b>Merle Allcorn</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Sarah Emma Dirtle</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>None</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Sarah E. Allcorn, Sedalia, Mo.</b>	<b>ADDRESS</b> <b>Sedalia, Mo.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>General Peritonitis.</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>21 days</b> <u>21 days</u> <b>21 days</b>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> <b>Gangrenous Appendicitis with Appendiceal Abscess.</b>		
	<b>DUE TO (c)</b> <b>None other.</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b> <b>6-5-54</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Gangrenous Appendix with large Abscess. 5000</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>None.</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>None.</b>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from her birth, June 26th, 1911, to June 26th, 1954, that I last saw the deceased alive on June 26th, 1954, and that death occurred at 10:45 p.m. from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Jno. B. Carlisle, M.D.</b>	<b>23b. ADDRESS</b> <b>Sedalia, Missouri.</b>	<b>23c. DATE SIGNED</b> <b>6-28-54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>June 29, 54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Highland Memorial</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Sedalia, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>7-2-54</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Larva Corns Deputy</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>OUTBACK</b>	<b>ADDRESS</b> <b>Sedalia, Mo</b>
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(Issued Embalmers' Statement on Reverse Side)

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

GILLESPIE FUNERAL HOME

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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..... *W. Beckhart*

Licensed Embalmer No. *347*

P. O. Address *Sedalia*

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.