

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14252**

FILED MAY 11 1958

BIRTH NO. _____		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 6-960		Registrar's No. 31	
1. PLACE OF DEATH a. COUNTY Plette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Plette			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deerborn		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Deerborn		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) CR 20			
3. NAME OF DECEASED (Type or Print) a. (First) Flore			b. (Middle) Mee			c. (Last) Allen	
4. DATE OF DEATH (Month) (Day) (Year) April 29, 1956		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Aug. 18, 1896		9. AGE (In years last birthday) 59		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 Foreign Country) Lethrop, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John C. Shenks		13b. MOTHER'S MAIDEN NAME Mery Ellen Waers	
14. NAME OF HUSBAND OR WIFE Erl Allen		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Erl Allen, Deerborn, Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcoma, undifferentiated (generalized)				INTERVAL BETWEEN ONSET AND DEATH 3 months	
* This does not mean the disease of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-21, 1956 , to 4-29, 1956 , that I last saw the deceased alive on 4-28, 1956 , and that death occurred at 10 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE J. J. Johnson M.D. (Degree or title)				23b. ADDRESS Deerborn Mo		23c. DATE SIGNED 4-29-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-1-56		24c. NAME OF CEMETERY OR CREMATORY Lethrop Cemetery		24d. LOCATION (City, town, or county) (State) Lethrop, Missouri	
DATE REC'D BY LOCAL REG. 4.30.1956		REGISTRAR'S SIGNATURE Ophia Rollins		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vaughn-Aufreng Deerborn, Mo.			

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

JAN 26 1957



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. R. Vaughn*

Licensed Embalmer No. *40*

P. O. Address *Weston*

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.