

FILED NOV 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34851**

BIRTH NO. _____ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **5824** Registrar's No. **54**

0720

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

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY New Madrid | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural-Barnes Ridge) | c. LENGTH OF STAY (in this place) 14 years | c. CITY OR TOWN Rural | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Ridge | | e. STREET ADDRESS (If rural, give location) East Prairie Mo, Star Rt. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Fannie Belle b. (Middle) Allred c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 21, 1956 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Feb. 27, 1903 |
| 9. AGE (in years last birthday) 53 | | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic | | 10b. KIND OF BUSINESS OR INDUSTRY Domestic | 11. BIRTHPLACE (City and State or Foreign Country) 0 |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Fred Church | |
| 13b. MOTHER'S MAIDEN NAME Lillie More King | | 14. NAME OF HUSBAND OR WIFE Ira Allred | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. No | |
| 17. INFORMANT'S SIGNATURE OR NAME Ira Allred | | ADDRESS East Prairie Mo, Star RT. | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of colon DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| INTERVAL BETWEEN ONSET AND DEATH 2 months | | INTERVAL BETWEEN ONSET AND DEATH 8 months | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 153x | |
| 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) | | 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 Aug 13, 1956 , to Oct 21, 1956 , that I last saw the deceased alive on Sept 10, 1956 , and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) William L Davis MD | | 23b. ADDRESS Charleston Mo | |
| 23c. DATE SIGNED 10-25-56 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Oct. 22, 56 | |
| 24c. NAME OF CEMETERY OR CREMATORY W.O.W. | | 24d. LOCATION (City, town, or county) (State) East Prairie Mo. Mo. | |
| DATE REC'D BY LOCAL REG. 29 Oct 56 | | REGISTRAR'S SIGNATURE Fay Wedgworth | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Travis Shelby Jr. | | ADDRESS East Prairie Mo. | |

12.

DATE RECEIVED OCT 30 1958
NEW MADRID CO. HEALTH CENTER

P. J. L.

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 Travis Shelby Jr.

Licensed Embalmer No. 4946

P. O. Address East. Pr...

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.