

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 31 1956

STATE FILE NUMBER **11024**
Registration District No. **107** Primary Registration District No. **3019** Registrar's No. **168**

health, Welfare and Public Health Service
 300 D-1-56
 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. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kennett, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hosp. Length of stay in 1b 42 years		d. STREET ADDRESS 308 E. Fifth St. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ada Middle Bell Last Alsop			4. DATE OF DEATH Month 12- Day 12- Year 56
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-28-1881
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker	11. BIRTHPLACE (City and state or country) Essex, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Sam Romine		14. MOTHER'S MAIDEN NAME Sisley Scruggs	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 494-03-2298	17. INFORMANT Ola Hill Address Kennett, 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) Pancreatic necrosis DUE TO (b) Acute Pancreatitis with pancreatic necrosis + gas formation DUE TO (c) hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 9-15-56
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.) 5870	
20c. TIME OF INJURY Hour 9:18 Month, Day, Year 9-15-56		20d. INJURY OCCURRED WHILE AT WORK <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 Kennett, Mo. COUNTY STATE	
21. I attended the deceased from 9-15-56 to 12-12-56 and last saw her alive on 12-12-56 Death occurred at 9:18 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Parale. Miller, M.D.		22b. ADDRESS Kennett, Mo.	22c. DATE SIGNED 12-13-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-14-56	23c. NAME OF CEMETERY OR CREMATORY Lu Lu	23d. LOCATION (City, town, or county) (State) Senath Missouri (R)
24. FUNERAL DIRECTOR Paul Salmon ADDRESS Kennett, Mo.		25. DATE RECD. BY LOCAL REG. Dec 18-1956	26. REGISTRAR'S SIGNATURE Earl Husband

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT.....12-27-58

COUNTY FILE NUMBER 1256-46

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.