

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **47163**

FILED JAN 20 1958

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

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 33 | | PRIMARY REG. DIST. NO. 3010 | | Registrar's No. 124 | |
| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau Wk | | c. LENGTH OF STAY (in this place) Wk | | c. CITY OR TOWN Chaffee-R- | | 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 St. Francis Hospit | | | | STREET ADDRESS (If rural, give location) Rural- | | | |
| 3. NAME OF DECEASED (Type or Print) FREDERICA | | a. (First) | | b. (Middle) Allen | | c. (Last) worth | |
| 4. DATE OF DEATH (Month) (Day) (Year) Dec. 28, 1957 | | 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH July 26, 1881 | | 9. AGE (In years last birthday) 76 | | IF UNDER 1 YEAR Months 5 Days 2 | | IF UNDER 24 HRS. Hours — Min. — | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife | | 10b. KIND OF BUSINESS OR INDUSTRY House hold | | 11. BIRTHPLACE (City and State or Foreign Country) West Phalon, Germany | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Gustav Schuppa | | 13b. MOTHER'S MAIDEN NAME Not known | | 14. NAME OF HUSBAND OR WIFE Arthur Allenworth | | | |
| 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. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clyde Allenworth - Advisor, Mrs | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lymphatic Leukemia acute DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rebiter Melliter | | | | INTERVAL BETWEEN ONSET AND DEATH 5 days | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 2040 | | | | 20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 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) (Min.) | | 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 Dec 23 , 19 57 , to Dec 28 , 19 57 , that I last saw the deceased alive on Dec 28 , 19 57 , and that death occurred at 7:30 P m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) John Clione M.D. Cape Girardeau Mo | | | | 23b. ADDRESS | | 23c. DATE SIGNED 1-6-58 | |
| 24a. BURIAL, CREMATION, OR MOVEMENT (Specify) | | 24b. DATE 12-31-57 | | 24c. NAME OF CEMETERY OR CRYPTORY Knox City | | 24d. LOCATION (City, town, or county) (State) Knox City, Mo. | |
| DATE REC'D BY LOCAL REG. 1-14-58 | | REGISTRAR'S SIGNATURE Elizabeth Sumner Dep | | FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. A. Rogers, Advisor, Mrs | | | |

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

Wm H Morgan
Licensed Embalmer No. *4640*

P. O. Address *Advance, N*

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.