

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032495

STATE FILE NUMBER

HEALTH, Welfare Public Service 470 5 300 1-56

FILED SEP 24 1958 Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Arcadia		c. CITY OR TOWN Rural-Arcadia 470	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION The Home for Aged Baptists		d. STREET ADDRESS 1 1/2 mi. E. on Hwy. 70	
3. NAME OF DECEASED (Type or print) Georgia Allen		4. DATE OF DEATH Sept. 15, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 12, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	
13. FATHER'S NAME Geo. W. Gregory		14. MOTHER'S MAIDEN NAME Mary Ann White	
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 Dolores Weiss, Ironton, Missouri.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROBABLE CARCINOMA SIGMOID COLON			INTERVAL BETWEEN ONSET AND DEATH 6 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			1533
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) ARTERIO SCLEROSIS.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
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		COUNTY STATE	
21. I attended the deceased from 5-23-58 to 9-14-58 and last saw her alive on 9-12-58 Death occurred at 2:25 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Marvin C. Munn, M.D.		22b. ADDRESS 109 N. Main, Ironton, Missouri	
22c. DATE SIGNED 9-15-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9-18-58	
23c. NAME OF CEMETERY OR CREMATORY HOME CEMETERY		23d. LOCATION (City, town, or county) IRONTON Mo (State)	
24. FUNERAL DIRECTOR ADDRESS WHITE FUNERAL HOME IRONTON Mo.		25. DATE RECD. BY LOCAL REG. 9-17-58	
26. REGISTRAR'S SIGNATURE Mrs. Avis Jones			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. All symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 Max H. White, Student Embalmer No. 56 working under my personal supervision..

Student Max H. White  
Signature of Student Embalmer

Signed Amel J. White

Licensed Embalmer No 3012

P. O. Address Greentown, Mo.

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.