

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038838
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 27 Primary Registration District No. 5100 Registrar's No. 158

-1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR West Boone Twp. TOWN Merwin, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 0070 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b 10 years	d. STREET ADDRESS (If outside, give location) Merwing, Mo. West Boone Twp.

3. NAME OF DECEASED (Type or print) First Mayne Middle Allen Last Allen			4. DATE OF DEATH Month Nov. Day 21 Year 1958	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 3, 1874	9. AGE (In years last birthday) 84	FUNDER 1 YEAR Month 10 Day 18	IF UNDER 24 HRS. Hours 12 Min. 00
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wife.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Bates Co. Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Henry Sisson	13b. MOTHER'S MAIDEN NAME Rebecca Margaret Poague	14. NAME OF HUSBAND OR WIFE Lee Allen.
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Lee Allen, Merwin, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic labor Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombophlebitis left leg		
DUE TO (c)		6 Days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour 2:00 Month, Day, Year Nov. 21, 1958 a.m. p.m.
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Adrian, Mo.	COUNTY	STATE
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21. I attended the deceased from March 7, 1954 to Nov. 21, 1958 and last saw her alive on Nov. 21, 1958 Death occurred at 2:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. H. Schubert, D.O. (Degree or title)	22b. ADDRESS Amoret, Missouri	22c. DATE SIGNED 11-21-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-23-58	23c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cemetery	23d. LOCATION (City, town, or county) (State) Adrian, Mo.
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24. FUNERAL DIRECTOR Six Funeral Service, Adrian, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. NOV. 21-1958	26. REGISTRAR'S SIGNATURE Randall Perry
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

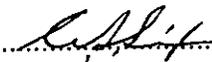
All diseases in Part I must be causally related. No symptoms will be listed.

JAN 23 1959

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. **3650**.....

P. O. Address **Adrian, Mo.**.....

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.