

FILED APR 18 1952

# STANDARD CERTIFICATE OF DEATH

State File No. **13396**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 46

1. PLACE OF DEATH  
a. COUNTY Johnson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Johnson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg c. LENGTH OF STAY (in this place) 26 Yrs.

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg 0512

d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg, Med. Center

d. STREET ADDRESS (If rural, give location) 111 Broad St.

3. NAME OF DECEASED  
a. (First) Hazel b. (Middle) Estelle c. (Last) Allee

4. DATE OF DEATH (Month) (Day) (Year) Mar. 29 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug. 3 1881

9. AGE (In years last birthday) 70

IF UNDER 1 YEAR Months Days IF UNDER 48 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 Home

11. BIRTHPLACE (State or foreign country) Moniteau Co. Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Wm. Muri

13b. MOTHER'S MAIDEN NAME Luetta May Pealer

14. NAME OF HUSBAND OR WIFE H. E. Allee

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. 492-28-5234

17. INFORMANT'S SIGNATURE OR NAME ADDRESS H. E. Allee 111 Broad St.

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) Ovarian Carcinoma  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
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

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 175X

20. AUTOPSY? YES  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) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from July 5, 1950, to March 29, 1952, that I last saw the deceased alive on 3-29-52, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE R F M. Kinnery (Degree or title) M.D.

23b. ADDRESS Warrensburg Mo

23c. DATE SIGNED 3-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE April 1 1952

24c. NAME OF CEMETERY OR CREMATORY Masonic Cem.

24d. LOCATION (City, town, or county) (State) Clarksburg, Mo.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 147-1  
Mar 31 1952 Savannah Outchfield

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Sweeney Phillips Warrensburg, Mo.

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

RECEIVED  
APR 6 1952  
JOHNSON COUNTY HEALTH

APR 10 1958

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg, 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 this body is not embalmed, fact should be so stated above.