

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10042

State File No.

420

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

BIRTH NO. _____ REG. DIST. NO. 911 PRIMARY REG. DIST. NO. 6054 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>St Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Osage Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Osage Twp.</u>	
c. LENGTH OF STAY (In this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi east 3 mi S. Rockville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William.</u> b. (Middle) <u>Marguis</u> c. (Last) <u>Allinson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 7 1950.</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar 19-1859</u>
9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR Months _____ Days <u>24</u>	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>William S Allinson</u>		13b. MOTHER'S MAIDEN NAME <u>Isabel. m Allison</u>	
14. NAME OF HUSBAND OR WIFE <u>Adwilda M Hoover</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Warner Allinson</u>		ADDRESS <u>Rockville Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none performed</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <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 <u>4/5, 1950</u> , to <u>4/7, 1950</u> , that I last saw the deceased alive on <u>4/7, 1950</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>M. O. Bjerke, E. O.</u>		23b. ADDRESS <u>Rockville, Mo.</u>	
23c. DATE SIGNED <u>4/8/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Apr 10, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion cem</u>		24d. LOCATION (City, town, or county) (State) <u>Osage Twp St Clair Mo</u>	
DATE REC'D BY LOCAL REG. <u>April 8, 1950</u>		REGISTRAR'S SIGNATURE <u>Ms. Ches Abney</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Lee</u>		ADDRESS <u>Appleton City Mo</u>	

RECEIVED

District Health Officer No. 7,

District File Number 3-50-381

Date Filed 4-11-50

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 _____

on the 7th day of April 1950

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.