

FILED MAY 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16278

State File No.

4202

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|---|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>131</u> | | PRIMARY REG. DIST. NO. <u>131</u> | | Registrar's No. <u>4</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>GRUNDY</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPICKARD</u> | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPICKARD</u> | | d. STREET ADDRESS (If rural, give location) <u>1400</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>ANN</u> c. (Last) <u>ALLISON</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 18 1951</u> | | | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | | 8. DATE OF BIRTH <u>FEB-10-1866</u> | |
| 9. AGE (In years last birthday) <u>85</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>MO.</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>MO.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>JAMES CROCKETT</u> | | 13b. MOTHER'S MAIDEN NAME <u>ELIZABETH MEARS</u> | |
| 13a. FATHER'S NAME <u>JAMES CROCKETT</u> | | 13b. MOTHER'S MAIDEN NAME <u>ELIZABETH MEARS</u> | | 14. NAME OF HUSBAND OR WIFE <u>BRUFF ALLISON</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>RILEY ALLISON SPICKARD 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>4201</u> | | 21. HOW DID INJURY OCCUR? | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>May 17th</u> , 1951, to <u>May 18th</u> , 1951, that I last saw the deceased alive on <u>May 17th</u> , 1951, and that death occurred at <u>4:25 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Cliver F. Jeffrey M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Trenton Mo</u> | | 23c. DATE SIGNED <u>May 18th 1951</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>MAY-20-1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>BOSWELL CEM.</u> | | 24d. LOCATION (City, town, or county) (State) <u>SPICKARD MO.</u> | |
| DATE REC'D BY LOCAL REG. <u>5/21/51</u> | | REGISTRAR'S SIGNATURE <u>Mrs Nathan Cooper</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SCHOOLER FUNERAL HOME SPICKARD MO.</u> | | | |

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

0400



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 _____

Ross Wise

Signed
Student Embalmer

Licensed Embalmer No. 3771

P. O. Address Spickard 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.