S. No. 300
v. 10-48

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

17773

State File No. 5056

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

988

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 20 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNES HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thompson 0040
d. STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print): a. (First) William b. (Middle) E. c. (Last) Allison

**4. DATE OF DEATH** (Month) 5 (Day) 29 (Year) 51

**5. SEX**: Male O
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married
**8. DATE OF BIRTH**: 7-24-1877
**9. AGE** (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (State or foreign country): Smith County Virginia
**12. CITIZEN OF WHAT COUNTRY?**: US

**13a. FATHER'S NAME**: John Allison
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: Mary

**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'S SIGNATURE OR NAME**: Gilbert Allison — ADDRESS: Mexico Mo

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Lung Abscesses
Conjestion & edema of lung
DUE TO (c): Acute pyelonephritis

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
Acute prostatitis

INTERVAL BETWEEN ONSET AND DEATH

O.K. Joseph McQuinn Deputy Coroner 6/1/51

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES [X] NO [ ]

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): farm
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): Thompson Missouri
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**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): May 9, 1951 a.m.
**21e. INJURY OCCURRED** WHILE AT WORK [X] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**: Lite pipe while filling tractor with gas

22. *I hereby certify that I attended the deceased from* 5/9, 1951, *to* 5/29, 1951, *that I last saw the deceased alive on* 5/29, 1951, *and that death occurred at* 3:00 p.m., *from the causes and on the date stated above.* Burn

**23a. SIGNATURE**: F R Bradley (Degree or title): M.D.
**23b. ADDRESS**: BARNES HOSPITAL
**23c. DATE SIGNED**: 5/29/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: 5-31-1951
**24c. NAME OF CEMETERY ~~OR CREMATORY~~**: Elmwood Cemetery
**24d. LOCATION** (City, town, or county) (State): Mexico Mo

**DATE REC'D BY LOCAL REG.**: JUN 1 1951
**REGISTRAR'S SIGNATURE**: J. B. Lasater
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Rowland Mortuary Service Inc. 4104 Manchester Ave. St. Louis 10, Mo.

(Licensed Embalmer's Statement on Reverse Side)

## 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 Ronald O Gahmke

Signed.....
Student Embalmer

Licensed Embalmer No. 3917

P. O. Address St Louis 10 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.