

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42662

State File No. \_\_\_\_\_

~~FILED~~ JAN 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6066 Registrar's No. 63

0930  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 OR TOWN <u>Roscoe - rural</u> )	c. LENGTH OF STAY (in this place) <u>30 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Roscoe (Roscoe Township)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>(Roscoe Township)</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>W.</u>	c. (Last) <u>Allison</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec, 11, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 2, 1887</u>	9. AGE (in years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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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>Henry County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>George Allison</u>	13b. MOTHER'S MAIDEN NAME <u>Lydia Walker</u>	14. NAME OF HUSBAND OR WIFE <u>Letha Allison</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Letha Allison</u>	ADDRESS <u>Roscoe Missouri</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>mitral insufficiency</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic nephritis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>410X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-12, 1951, to 12-11, 1951, that I last saw the deceased alive on 12-11, 1951, and that death occurred at 4 P.M. on 12-11, 1951, from the causes and on the date stated above.

23a. SIGNATURE <u>Ruth Seavers M.D.</u> (Degree or title)	23b. ADDRESS <u>Osceola Mo</u>	23c. DATE SIGNED <u>12-12-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 12, 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Springs</u>	24d. LOCATION (City, town, or county) (State) <u>St. Clair County Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-12-51</u>	REGISTRAR'S SIGNATURE <u>Ruth Seavers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.B. Seaver</u>	ADDRESS <u>Osceola Mo</u>
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RECEIVED JAN 5 1952

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed JAN 5 1952

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 \_\_\_\_\_  
Student Embalmer

Signed *J. B. [Signature]*

Licensed Embalmer No. *3038*

P. O. Address *Osceola 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.