

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 23 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5-5-68 Registrar's No. 6

1. PLACE OF DEATH  
 a. COUNTY Jackson  
 b. CITY OR TOWN Kansas City (Ind. City)  
 c. LENGTH OF STAY (in this place) 30 yrs  
 d. FULL NAME OF HOSPITAL OR INSTITUTION 813 So. Hardy (Blue)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):  
 a. STATE Missouri b. COUNTY Jackson  
 c. CITY OR TOWN Inter-City - Kansas City (Blue)  
 d. STREET ADDRESS 813 So. Hardy, 04800

3. NAME OF DECEASED  
 a. (First) Nellie b. (Middle) Estella c. (Last) Allison

4. DATE OF DEATH  
 (Month) (Day) (Year)  
Jan 8, 1952

5. SEX Female  
 6. COLOR OR RACE White

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

8. DATE OF BIRTH  
July 13, 1881

9. AGE (In years last birthday) Months Days  
70 5 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
House Wife

10b. KIND OF BUSINESS OR INDUSTRY  
at home

11. BIRTHPLACE (State or foreign country)  
Nevada, Missouri

12. CITIZEN OF WHAT COUNTRY?  
USA

13a. FATHER'S NAME  
Richard England

13b. MOTHER'S MAIDEN NAME  
Susan Huchley

14. NAME OF HUSBAND OR WIFE  
Walter E. Allison

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.  
492-18-4410

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Walter E. Allison 813 So. Hardy

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) Myocardial Infarction  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Partial Sphincter Paralysis  
 DUE TO (c) Cerebral Hemorrhage  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
48 hrs  
8 months  
8 months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
331X

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) (Min.)

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 May, 1951, to Jan, 1952, that I last saw the deceased alive on Jan 8, 1952, and that death occurred at 6:50 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
Wm. R. R. R.

23b. ADDRESS  
Independence Mo

23c. DATE SIGNED  
1-8-52

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

24b. DATE  
Jan 9, 1952

24c. NAME OF CEMETERY OR CREMATOR  
Buckner Cemetery

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

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE  
Jan 8-1952 James H. Craig

25. GENERAL DIRECTOR'S SIGNATURE ADDRESS  
Dixon T. Kelly Judge

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

JAN 11 RECD

APR 23 1951

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 \_\_\_\_\_

*Duon L. Kelsey*

Signed .....  
Student Embalmer :

Licensed Embalmer No. 4225

P. O. Address *Indep. 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.