

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38512

State File No.

1952 DEC 13 1952
BIRTH NO.

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5202

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	c. LENGTH OF STAY (In this place) LIFE	c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY 27 58	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1309 WEST 50TH STREET		d. STREET ADDRESS (If rural, give location) 1209 WEST 50TH STREET 21 0	
3. NAME OF DECEASED (Type or Print) a. (First) MATTHEW b. (Middle) B. c. (Last) ALLISON			4. DATE OF DEATH (Month) (Day) (Year) Nov. 27, 1952
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 31, 1873
9. AGE (In years last birthday) 79	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) FOREMAN (RETIRED) COMPANY		10b. KIND OF BUSINESS OR INDUSTRY ARMOUR DUSTRY	
13a. FATHER'S NAME ROBERT ALLISON	13b. MOTHER'S MAIDEN NAME AGNES ELDER	14. NAME OF HUSBAND OR WIFE HILDA MARGARET 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. 510-05-7942	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MR. MAURICE C. ALLISON, 1309 W. 50TH STREET, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General arteriosclerosis DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - INTERVAL BETWEEN ONSET AND DEATH Sudden zero- 1-01 4-0-	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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 3/12, 1952 to 11/27, 1952, that I last saw the deceased alive on 10/27, 1952, and that death occurred at 2:30 P.m., from the causes and on the date stated above.			
23a. SIGNATURE William B. Allen M.D.		23b. ADDRESS 411 Nichols Rd.	23c. DATE SIGNED 11/28/52
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Nov 29, 52	24c. NAME OF CEMETERY OR CREMATORY Mc Washington Cem.	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
DATE REC'D BY LOCAL REG. 11-29-52	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.H. Newcomer's Sons 1531 GRUSH CREEK KANSAS CITY, MO.	

(Licensed Embalmers' 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Elmer Brown

Licensed Embalmer No. 2640

P. O. Address Kansas City

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.