

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

**24603**

State File No. **3713**

BIRTH NO. \_\_\_\_\_ FILED **AUG 13 1953** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1062** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (In this place) <b>12 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>740 LOCUST ST.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LUKES HOSPITAL</b>		3. NAME OF DECEASED (Type or Print) a. (First) <b>GROVER CLEVELAND</b> b. (Middle) <b>ALLISON</b> c. (Last) _____	

4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 26, 1953</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>MAR. 2, 1889</b>		9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months Days		IF UNDER 2 WKS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>RETAIL HARDWARE</b>				11. BIRTHPLACE (State or foreign country) <b>RUSHVILLE, MO.</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>WILLIAM F. ALLISON</b>		13b. MOTHER'S MAIDEN NAME <b>RODILLA SEEVER</b>		14. NAME OF HUSBAND OR WIFE <b>GLADYS ALLISON</b>	
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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) <b>NO</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. GROVER C. ALLISON</b>		ADDRESS <b>740 Locust</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>331X</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify if accident)		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 **June 5, 1945**, to **July 25, 1953**; that I last saw the deceased alive on **July 25, 1953**, and that death occurred at **4:50 AM**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. L. Spafford</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Prof. Bldg. K.C. Mo.</b>		23c. DATE SIGNED <b>July 28-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7-28-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SUGAR CREEK</b>		24d. LOCATION (City, town, or county) (State) <b>RUSHVILLE, MO.</b>	
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DATE REC'D BY LOCAL REG. <b>7-28-53</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STANTON MORTUARY-ATCHISON, KAN.</b>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 10 1953

OCT 29 1953

SEP 8 1953

*Summary of all afternoon*

*W.C. 4425*

*Prof. 131 1/4  
1414*

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 *Wm Stanton Jr*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3778*

P. O. Address *Atchison, 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.