

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12732**
6024

FILED JAN 14 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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) OR TOWN Kansas City

c. LENGTH OF STAY (In this place) 60 yrs

c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital No. 1

e. STREET ADDRESS (If rural, give location) 3498
114 3210 Charlotte

3. NAME OF DECEASED
a. (First) Clarence b. (Middle) _____ c. (Last) Allison

4. DATE OF DEATH (Month) (Day) (Year)
12 24 1953

5. SEX male

6. COLOR OR RACE White

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

8. DATE OF BIRTH 8-25-1893

9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months - Days - IF UNDER 12 HRS. Hours - Min. -

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

10b. KIND OF BUSINESS OR INDUSTRY Teamster Union

11. BIRTHPLACE (City and State or Foreign Country) Kansas City Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Allison

13b. MOTHER'S MAIDEN NAME Emma Beason

14. NAME OF HUSBAND OR WIFE ada 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. 495-09-2959

17. INFORMANT'S SIGNATURE OR NAME ADDRESS ada allison 3210 Charlotte St

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung (n.m.v.)

INTERVAL BETWEEN ONSET AND DEATH

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

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

103-X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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 Dec. 12, 1953, to Dec. 24, 1953, that I last saw the deceased alive on Dec. 24, 1953, and that death occurred at 4:07A m., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title) M.D.

23b. ADDRESS 24th & Cherry

23c. DATE SIGNED 12-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 12-26-53

24c. NAME OF CEMETERY OR CREMATORY Forest Hill

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

DATE REC'D BY LOCAL REG. 12-25-53

REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS France-Warna Funeral Home KC Mo

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

AUG 29 1963

R. Roberts

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.....
Signature of Student Embalmer

Signed *Russell N. Farrow*.....

Licensed Embalmer No. *4255*

P. O. Address *H C 211*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.