

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33546

State File No.

FILED NOV 8 - 1954

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 3449 Registrar's No. 105

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

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City, Jackson township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City, Jackson township</u>	
c. LENGTH OF STAY (In this place) <u>90 days</u>		d. STREET ADDRESS (If rural, give location) <u>8280</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farm home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>Madison</u>	c. (Last) <u>Allison</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11.4.1954.</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>Widowed</u>	8. DATE OF BIRTH <u>10.30.1864</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mail carrier</u>	11. BIRTHPLACE (State or foreign country) <u>Rushville Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Henry Allison</u>	13b. MOTHER'S MAIDEN NAME <u>Dessie Ann Trapp</u>	14. NAME OF HUSBAND OR WIFE <u>Louella 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 ADDRESS <u>E.F. Allison, Jefferson City Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 da</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>arterio Sclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 Aug 2, 1954, to 11.4.1954, that I last saw the deceased alive on 11-3, 1954, and that death occurred at 1-45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. F. Allison M.D.</u>	23b. ADDRESS <u>King City Mo.</u>	23c. DATE SIGNED <u>11.5.54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11.6.1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Allen</u>	24d. LOCATION (City, town, or county) (State) <u>Gower Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 6 - 1954</u>	REGISTRAR'S SIGNATURE <u>Maudie Wellman</u>	462 - FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. S. Taggart - King City Mo.</u>
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NOV 15 1954

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.

Signed R. A. Taggart

Signed _____
Student Embalmer

Licensed Embalmer No. 2563

P. O. Address King City 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.