

FILED OCT 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30166

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 904

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ralls,</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal, Missouri</b>		c. CITY OR TOWN <b>Center, Mo.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>6 Days</b>		e. STREET ADDRESS (If rural, give location) <b>Center, Missouri.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Levering Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ira</b>	b. (Middle) <b>Richard</b>	c. (Last) <b>Allison</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 28, 1955</b>
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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>Aug 31, 1872</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>27</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Pike Co, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>M.P. Allison</b>	13b. MOTHER'S MAIDEN NAME <b>Magelene Kerr.</b>	14. NAME OF HUSBAND OR WIFE <b>Annie Allison.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>486-16-2635</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Annie Allison</b> ADDRESS <b>Center, Missouri.</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		
	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. <b>Perforated appendix with peritonitis</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)	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)	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 \_\_\_\_\_, 1955, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on July 27, 1955, and that death occurred at 7:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Hannibal, Missouri</b>	23c. DATE SIGNED <b>9-1-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept 1, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Olivet Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Center, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>10-7-55</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	184-01 FUNDAL DIRECTOR'S SIGNATURE ADDRESS <b>Clyde L. Wilsey Perry, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

0644

RECEIVED OCT 11 1955  
MARION CO. HEALTH DEPT.  
DATE FILED OCT 11 1955

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 *Clyde G. Welby*

Licensed Embalmer No. 3820

P. O. Address..... Perry, Miss

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.