

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39139

STATE FILE NUMBER

FILED DEC 16 1957

Registration District No. 27 Primary Registration District No. 4031 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Adrian		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Adrian		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Benjiman F. Allison				4. DATE OF DEATH Dec. 3, 1957		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 26, 1891		9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		100. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Falls City, Nebraska				12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME Isaac Allison				14. MOTHER'S MAIDEN NAME Ellen Rains					
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.		17. INFORMANT Mrs. Edna Allison, Adrian, Mo.				
18. CAUSE OF DEATH [Enter only one cause prevailing for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) Essential hypertension DUE TO (c) None Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) None							INTERVAL BETWEEN ONSET AND DEATH 14 hours 10 yrs.		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) None							
20c. TIME OF INJURY Hour None Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>							
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None		20f. CITY, TOWN, OR LOCATION Adrian, Mo.		20g. COUNTY Bates		20h. STATE Missouri			
21. I attended the deceased from 12-2-57 to 12-3-57 and last saw him ^{her} alive on 12-2-57 . Death occurred at 2:55 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Russell Howard				22b. ADDRESS Butler, Mo.		22c. DATE SIGNED 12-5-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-5-57		23c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cem.		23d. LOCATION (City, town, or county) (State) Adrian, Mo.			
24. FUNERAL DIRECTOR Six Funeral Service, Adrian, Mo.			25. DATE RECD. BY LOCAL REG. Dec 5-1957		26. REGISTRAR'S SIGNATURE Russell Howard				

Health, & Welfare
Public Health Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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..... 

Licensed Embalmer No. 3650.

P. O. Address Adrian, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.