

Health, Welfare, Public Services

380

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no relation. All diseases in Part I must be causally related.

FILED FEB 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008028

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 329

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis.</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Wellston</u> <u>4301</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Enroute County Hospital DOA</u> | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) <u>6308 Ridge</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|----------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or print) First <u>Samuel</u> Middle <u>M.</u> Last <u>Allison</u> | | | 4. DATE OF DEATH Month <u>Feb.</u> Day <u>1</u> Year <u>1958</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Jan. 22, 1887</u> | | 9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Unemployed</u> | 11. BIRTHPLACE (City and state or country) <u>Dunklin County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Joseph Allison</u> | | 13b. MOTHER'S MAIDEN NAME <u>Emily McMahon</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lucy Allison</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W. W. # 1</u> | | 16. SOCIAL SECURITY NO. <u>unk.</u> | | 17. INFORMANT <u>Lucy Allison, 6308 Ridge, Wellston Mo.</u> | |

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| 18. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arteriosclerotic heart disease</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <u>420.0</u> | | | |
| PART-II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ | | | |

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|---|--|------------------------------|--------|-------|
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
|---|--|------------------------------|--------|-------|

21. I attended the deceased from Sept 18, 1957 to Jan 31, 1958 and last saw ^{him} him alive on Jan 31, 1958
Death occurred at 1129 A on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>Norton John Everroll M.D.</u> | 22b. ADDRESS <u>6356 Clayton Rd. Station No.</u> | 22c. DATE SIGNED <u>Feb 3, 1958</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>2-1-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Local</u> | 23d. LOCATION (City, town, or county) (State) <u>Kennett, Missouri.</u> |
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| 24. FUNERAL DIRECTOR <u>Albert H. Hoppe</u> | ADDRESS <u>4700 Washington, Blvd.</u> | 25. DATE RECD. BY LOCAL REG. <u>2/3/58</u> | 26. REGISTRAR'S SIGNATURE <u>Herbert P. Danke M.D.</u> |
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FEB 19 1958

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 *John Binkley*

Licensed Embalmer No. *3653*
P. O. Address *St. Louis 12*

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.