Health, & Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014560
STATE FILE NUMBER

FILED APR 21 1959 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 138

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN Bonne Terre — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Bonne Terre Hosp — Length of stay in 1b 6 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Desloge 0940 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 102 N 7th. St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Robert — Middle Lee — Last Allison

4. DATE OF DEATH Month April — Day 11 — Year 1959

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH Dec. 19, 1889

9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Chrom Craft

11. BIRTHPLACE (City and state or country) Reynolds, Co. Mo. 6

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME David John Allison

13b. MOTHER'S MAIDEN NAME Dace

14. NAME OF ~~HUSBAND~~ OR WIFE Lula McCarty Allison

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address Mrs. Lula Allison, Desloge, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio Sclerotic heart disease — unknown
DUE TO (c) H 200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Had previous myocardial infarction 1 year ago.

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 1957, to April 11 1959 and last saw her/him alive on April 10, 1959.
Death occurred at 6:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. L. Foster (Degree or title) MD 0

22b. ADDRESS Desloge Mo

22c. DATE SIGNED April 11, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 4/13/1959

23c. NAME OF CEMETERY OR CREMATORY Caledonia Cemetery

23d. LOCATION (City, town, or county) (State) Washington Co. Missouri

24. FUNERAL DIRECTOR C.Z. Boyer & Son — **ADDRESS** Desloge, Mo.

25. DATE RECD. BY LOCAL REG. Apr. 13, 1959

26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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MAY 7 1948

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 B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Lesloge Mi

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.