

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 7 1960

'59 0 4 3 2 5 9

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 5040 Registrar's No. 97

ENDED

1. PLACE OF DEATH a. COUNTY BARRY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BARRY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EXETER TWP.		Length of stay in 1b 20 days		c. CITY OR TOWN R.F.D CASSVILLE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Cassville				d. STREET ADDRESS 8 miles west of Cassville		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last RANDALL LEE ALLISON			4. DATE OF DEATH Month Day Year DEC. 8 1959				
5. SEX male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-11-59	9. AGE (last birthday) Months Days Hours Min. 27	IF UNDER 1 YEAR IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY Monett, Missouri	11. BIRTHPLACE (City and state or country) USA			
12. CITIZEN OF WHAT COUNTRY			13a. FATHER'S NAME Floyd Allison				
13b. MOTHER'S MAIDEN NAME Patricia House			14. NAME OF HUSBAND OR WIFE				
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. none		17. INFORMANT Address Floyd Allison, Cassville, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Spi - Bixida							INTERVAL BETWEEN ONSET AND DEATH 20 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <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 Nov 19 '59 to Dec 4 '59 and last saw him alive on Dec 7 '59 Death occurred at 10:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Franklin M.D.			22b. ADDRESS Monett Mo.			22c. DATE SIGNED 12-10-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-10-59	23c. NAME OF CEMETERY OR CREMATORY Maple Wood Cemetery		23d. LOCATION (City, town, or county) (State) Exeter, Missouri			
24. FUNERAL DIRECTOR ADDRESS Doyle E. Williamson, Cassville, Mo.			25. DATE RECD. BY LOCAL REG. 12-14-1959		26. REGISTRAR'S SIGNATURE Grace Williams		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 3 1960

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 Phyl E Williams

Licensed Embalmer No. 4883

P. O. Address Carroll

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.