MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

5409 -61-022260 STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5409

FILED JUL 13 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | Length of stay in 1b

c. CITY OR TOWN St. Louis | Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5812 Waterman | Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 5812 Waterman | Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: CLARENCE Middle: R Last: ALLISON

4. DATE OF DEATH Month: June Day: 9 Year: 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1/14/1886

9. AGE (last birthday): 75 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Cupples Co.

11. BIRTHPLACE (City and state or country): Chicago Ill.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Wm. D. Allison

13b. MOTHER'S MAIDEN NAME: Lucy Widdicombe

14. NAME OF HUSBAND OR WIFE: never married

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.: yes

17. INFORMANT Address: J.V. Allison 5812 Waterman

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Far advanced basal cell carcinoma of cranial extension

DUE TO (b)

DUE TO (c)

Conditions, if any, which give rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH: 16 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 191.3

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 7-1-58, to 3-24-60 and last saw her/him alive on 3-24-60

Death occurred at 2 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R.T. Van Norman, MD

22b. ADDRESS: 634 N. Grand

22c. DATE SIGNED: 6-9-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

23b. DATE: June 10 1961

23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Crematory

23d. LOCATION (City, town, or county) (State): St. Louis County Mo.

24. FUNERAL DIRECTOR ADDRESS: C. R. Lupton and Sons 7233 Delmar

25. DATE RECD. BY LOCAL REG.: JUN 9 1961

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

MEDICAL CERTIFICATION

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

Granted: Site transferred

Dr. R. T. Van Norman
Joseph Mc Dermott
6-12-61

- CLARENCE R. ALLISON
CITY VISE

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 Clarence H. Mu

Licensed Embalmer No. 4011

P. O. Address St. Louis

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.