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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

333761

FILED AUG 20 1949

321 ✓ State File No. 3313 Registrar's No. 17

BIRTH NO.		REG. DIST. NO. 83		PRIMARY REG. DIST. NO. 5313		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY <u>Moniteau Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, South Moniteau</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, South Moniteau</u>		10	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 Miles North Clarksburg</u>				d. STREET ADDRESS (If rural, give location) <u>1 Mile North Clarksburg,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Neal</u> c. (Last) <u>Allison</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 - 10 - 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>6/30/1877</u>	
9. AGE (In years last birthday) <u>772</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Wythville Virginia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Robert Allison</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Allison</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Allison</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leonard Allison (Son) Tipton, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis Chronic</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>16 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8-10, 1949</u> , to <u>8-10, 1949</u> , that I last saw the deceased alive on <u>8-10, 1949</u> , and that death occurred at <u>4:31 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. C. Duebbert D.O. 2 Tipton Mo</u>				23b. ADDRESS <u>1 Miles North Clarksburg, Mo.</u>		23c. DATE SIGNED <u>8-11-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/12/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Zion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksburg, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8/3/49</u>		REGISTRAR'S SIGNATURE <u>V. T. Meredith</u>		72		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James E. Richards, Tipton Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

RECEIVED

AUG 16

District Health Officer No. 8,

District File Number _____

Date Filed 8-18-49

AUG 19 1949

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 _____
Student Embalmer

Signed Jewell E. Richard

Licensed Embalmer No. 2466

P. O. Address Tipton, 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 this body is not embalmed, fact should be so stated above.