

FILED FEB 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44

0042

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital		d. STREET ADDRESS (If rural, give location) 434 West Maple	
3. NAME OF DECEASED (Type or Print) a. (First) KATE b. (Middle) B c. (Last) ALLISON		4. DATE OF DEATH (Month) (Day) (Year) Jan 24 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH June 21, 1874
9. AGE (In years last birthday) 75		10. IF UNDER 1 YEAR Months Days	11. IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Monroe County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert M. Allison		13b. MOTHER'S MAIDEN NAME Ella Fike	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Miss Lou Allison, Mexico Mo ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis chr. ANTECEDENT CAUSES DUE TO (b) Cirrhosis of liver DUE TO (c) nephritis chr. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia secondary	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES ☐ NO ☒		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 1-2-1 , 19 49 , to 1-4 , 19 50 , that I last saw the deceased alive on 1-24 , 19 50 , and that death occurred at 10 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) R. S. Williams M.D.		23b. ADDRESS Mexico Mo	
23c. DATE SIGNED 1-24-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Jan 25, 1950		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	
24d. LOCATION (City, town, or county) (State) Mexico Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Chas. C. ... ADDRESS	
DATE REC'D BY LOCAL REG. Jan 25-50		REGISTRAR'S SIGNATURE Blanche Tedy	

(Licensed Emballer's Statement on Reverse Side)

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

7-28-77
1950

JAN 3 0 1950
RECEIVED
District Health Officer No. _____
District File Number 1-10-76
Date Filed JAN 3 0 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Charles V. Greening

Signed

Student Embalmer

Licensed Embalmer No. 46257

P. O. Address Mexico 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.