

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

328

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5126 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BUCHANAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CRAWFORD TWP.</u> TOWN <u>DEKALB</u> RURAL <u>5 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>DEKALB</u> RURAL <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. NO. 1</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. NO. 1</u>	

3. NAME OF DECEASED (Type or Print)
a. (First) GEORGE WILLIAM b. (Middle) ALLISON c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) 1-24-1950

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>10-18-1852</u>	9. AGE (In years last birthday) <u>97</u>	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) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>RUSHVILLE, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME WILLIAM ALLISON 13b. MOTHER'S MAIDEN NAME ANN PARKINSON 14. NAME OF HUSBAND OR WIFE ALICE E. GILLESPIE

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. ---
17. INFORMANT'S SIGNATURE OR NAME MRS. ELBERT SPENCER, DEKALB, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>40000</u>		

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 <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 9-1-1948, to 1-24-1950, that I last saw the deceased alive on 1-5-1950, and that death occurred at 7:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE S. L. Jenkins M.D. (Degree or title) 23b. ADDRESS DEARBORN, MO. 23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 1-26-50 24c. NAME OF CEMETERY OR CREMATORY SUGAR CREEK 24d. LOCATION (City, town, or county) (State) RUSHVILLE, MO.

DATE REC'D BY LOCAL REG. Jan. 28, 1950 REGISTRAR'S SIGNATURE S. L. Jenkins 352 25. FUNERAL DIRECTOR'S SIGNATURE S. L. Jenkins Mortuary - Allison ADDRESS _____

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

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.

Signed..... *Wm S. Stanton Jr.*

Signed.....
Student Embalmer

Licensed Embalmer No. *3778*

P. O. Address..... *Albion, N.Y.*

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.