

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5794 State File No. 13855
4333 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 222 PRIMARY REG. DIST. NO. 4333

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN South Moniteau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, South Moniteau	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 2 Miles North Clarksburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 Miles North Clarksburg			

3. NAME OF DECEASED (Type or Print)	a. (First) Ida	b. (Middle) May	c. (Last) Allison	4. DATE OF DEATH (Month) (Day) (Year) 4/13/1950
-------------------------------------	-----------------------	------------------------	--------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2/24/1880	9. AGE (in years last birthday) 70	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Cooper County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	--	--

13a. FATHER'S NAME David Baughman	13b. MOTHER'S MAIDEN NAME Geneva Casey	14. NAME OF HUSBAND OR WIFE H.N. Allison (Deceased)
--	---	--

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'S SIGNATURE OR NAME Leonard Allison, Clarksburg, 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		INTERVAL BETWEEN ONSET AND DEATH 4-9-50
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.		334X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 **4-9**, 1950, to **4-13**, 1950, that I last saw the deceased alive on **4-13**, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) D.O.	23b. ADDRESS Tipton, Mo.	23c. DATE SIGNED 4-14-50
-----------------------------------	-------------------------------	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/17/1950	24c. NAME OF CEMETERY OR CREMATORY New Zion Cemetery	24d. LOCATION (City, town, or county) (State) 5 Miles North Clarksburg, MO
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. 4-15-1950	REGISTRAR'S SIGNATURE Birdie Sturgis	25. FUNERAL DIRECTOR'S SIGNATURE James E. Richer	ADDRESS MO Tipton
---	---	---	--------------------------

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

RECEIVED
APR 17 1966
District Health Officer No. 96
District File Number

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 _____
Student Embalmer

Signed James E. Richards
Licensed Embalmer No. 2466
P. O. Address Lipton 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.