

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14163**

FILED MAY 5 1950

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4433</u>		Registrar's No. <u>20</u>			
1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL UNION TOWNSHIP</u> c. LENGTH OF STAY (in this place) <u>LIFE TIME</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PUTNAM</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL UNION TOWNSHIP</u> d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MYRTLE</u> b. (Middle) _____ c. (Last) <u>ALLISON</u>		4. DATE OF DEATH (Month) <u>APRIL</u> (Day) <u>4</u> (Year) <u>1950</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT. 19 1900</u>		9. AGE (In years last birthday) <u>49</u> if UNDER 1 YEAR: Months <u>6</u> Days <u>15</u> if UNDER 1 HRS. Hours _____ Min. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			
11. BIRTHPLACE (State or foreign country) <u>PUTNAM COUNTY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>RILEY PERKINS</u>		13b. MOTHER'S MAIDEN NAME <u>BERTHA ELLEN CLINE</u>			
14. NAME OF HUSBAND OR WIFE <u>DAVE ALLISON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DAVE ALLISON</u> ADDRESS <u>CINCINNATI IOWA</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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>diabetes mellitus</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>260X</u>				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 <u>May 14, 1946</u> to <u>April 4, 1950</u> , that I last saw the deceased alive on <u>April 4, 1950</u> , and that death occurred at <u>2:50 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>L.W. McDonald</u> (Degree or title) _____		23b. ADDRESS <u>Unionville Mo.</u>		23c. DATE SIGNED <u>Apr. 5-50</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 5 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNIONVILLE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>UNIONVILLE MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>4-27-50</u>		REGISTRAR'S SIGNATURE <u>Maxwell Durbin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam Stork</u> ADDRESS <u>Unionville, Mo.</u>		25. FUNERAL HOME <u>Sam Stork Funeral Home</u>			

(Licensed Embalmer's Statement of Reverse Side)

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

JUL 6 1958

APR 23 1953

RECEIVED MAY 1
District Health Officer No.
District File Number.....
Data Filed

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.....

James W. Comstock

Licensed Embalmer No. *4197*

P. O. Address *Unionville, 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.