

FILED SEP 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29102

BIRTH NO.		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6085		Registrar's No. 117	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clay township, Rural		c. LENGTH OF STAY (In this place) 75 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Clay township		0970	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 miles N.E. Marshall				d. STREET ADDRESS (If rural, give location) 6 miles N.E. Marshall			
3. NAME OF DECEASED (Type or Print)		a. (First) Alfred		b. (Middle) Terry		c. (Last) Allison	
4. DATE OF DEATH		Sept. 1st, 1950		5. SEX 0		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 25, 1875.		9. AGE (In years last birthday) 75		10. MONTHS 5	
11. BIRTHPLACE (State or foreign country) Saline County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Alfred Jones Allison		13b. MOTHER'S MAIDEN NAME Mary Frances Ingram	
14. NAME OF HUSBAND OR WIFE Fannie Kate Allison		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME George Allison, Marshall, Route # 4.	
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Organic heart lesion DUE TO (c) High blood pressure II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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)		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 Jan. 1, 1950, to Sept. 1, 1950, that I last saw the deceased alive on Sept. 1, 1950, and that death occurred at 5:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. L. Lawler, M.D.				23b. ADDRESS Marshall, Mo.		23c. DATE SIGNED 9-2-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 3, 1950		24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery		24d. LOCATION (City, town, or county) (State) Marshall, Missouri	
DATE REC'D BY LOCAL REG. Sept-2-1950		REGISTRAR'S SIGNATURE Sidney J. Gray		25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis		ADDRESS Marshall, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-11-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 9-11-50

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.....
Student Embalmer

Signed

W. Campbell Jr.

Licensed Embalmer No.

3469

P. O. Address

Marshall, N.C.

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.