

FILED JUN 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17409

BIRTH NO. _____ REG. DIST. NO. 235 PRIMARY REG. DIST. NO. 4350 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Syracuse		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Syracuse	
d. FULL NAME OF HOSPITAL OR INSTITUTION No street numbers		d. STREET ADDRESS (If rural, give location) No street numbers	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) HUTCHINSON	c. (Last) ALLISON	4. DATE OF DEATH (Month) (Day) (Year) May, 23, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April, 14, 1879	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant (Retired)	10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (State or foreign country) Bunceton, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William L. Allison	13b. MOTHER'S MAIDEN NAME Emma Morgan	14. NAME OF HUSBAND OR WIFE Zeda Allison
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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 Mrs. Zeda Allison, Syracuse, Mo	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Ca. of Stomach		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	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 151X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov 16, 1950**, to **May 22, 1951**, that I last saw the deceased alive on **May 22, 1951**, and that death occurred at **5 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE C. T. Suedbert (Degree or title) D.D.	23b. ADDRESS Tipton, Mo	23c. DATE SIGNED 5-24-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May, 26, 1951	24c. NAME OF CEMETERY OR CREMATORY Syracuse Cemetery	24d. LOCATION (City, town, or county) (State) Syracuse, Mo
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DATE REC'D BY LOCAL REG. 5/31/51	REGISTRAR'S SIGNATURE Myrtle Hansen	FUNERAL DIRECTOR'S SIGNATURE W. James - E. Richards	ADDRESS Tipton Mo
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(Licensed Embalmer - Statement on Reverse Side)

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

710
1

RECEIVED 6-1-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 6-1-51

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 Jessie 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.