

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37743

State File No.

FILED DEC 8- 1951

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5368 Registrar's No. 460

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Sugar Creek, Mo		c. LENGTH OF STAY (In this place) Life	
d. FULL NAME OF HOSPITAL OR INSTITUTION 11610 Hackett St.		e. CITY (If outside corporate limits, write RURAL and give township) Sugar Creek	
3. NAME OF DECEASED (Type or Print) a. (First) MR. ALFRED		b. (Middle) WILLIAM	
c. (Last) MALLISON		4. DATE OF DEATH (Month) (Day) (Year) Nov. 29, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 21, 1870
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	11. BIRTHPLACE (State or foreign country) Sugar Creek, Mo
10b. KIND OF BUSINESS OR INDUSTRY Farmer		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Mallison		13b. MOTHER'S MAIDEN NAME Caroline Hagen	
14. NAME OF HUSBAND OR WIFE Deceased		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 Mr. Elmer Pittillo. Sugar Creek, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Coronary Heart disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None or atherosclerosis DUE TO (c) chronic arthritis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 Sept , 1950, to Nov 29 , 1951, that I last saw the deceased alive on Oct , 1951, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE J. B. Hickson		23b. ADDRESS Independence, Mo	
23c. DATE SIGNED Nov 30-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Dec. 1, 1951		24c. NAME OF CEMETERY OR CREMATORY Woodlawn	
24d. LOCATION (City, town, or county) (State) Indep. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Ott Mitchell	
DATE REC'D BY LOCAL REG. 12-1-51		REGISTRAR'S SIGNATURE J. M. ... ADDRESS Indep. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

DEC 4 RECD

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Henry S. Mitchell

Licensed Embalmer No. 3925

P. O. Address Andep-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.