

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3591

State File No. ....

FILED JAN 9 1952

BIRTH NO. - REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6084 Registrar's No. 4

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

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall Junction</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Longwood</u>	
c. LENGTH OF STAY (In this place) <u>1 hr</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12 miles south of Marshall</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MOLLIE</u>	b. (Middle) <u>GRAY</u>	c. (Last) <u>ALLISON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 27, 1875</u>	9. AGE (In years last birthday) (If under 1 year: Months) (Days) (If under 1 hr: Hours) (Min.) <u>76</u> <u>9</u> <u>7</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife-telephone operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone Ex.</u>	11. BIRTHPLACE (State or foreign country) <u>Longwood, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Daniel Gray</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Martin</u>	14. NAME OF HUSBAND OR WIFE <u>Fred S. Allison</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-14-2130A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J.W. Greer</u>	ADDRESS <u>Route 1, Marshall, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acidosis &amp; Diabetic Coma</u>		
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>260X</u>	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) (Min.)	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 Feb 10, 1951, to Jan 4, 1952, that I last saw the deceased alive on Jan 4, 1952, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John McQuinn, Do</u>	(Degree or title)	23b. ADDRESS <u>Houstonia, Mo.</u>	23c. DATE SIGNED <u>1-4-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/6/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Longwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Longwood, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 5 1952</u>	REGISTRAR'S SIGNATURE <u>Sidney T. Gray</u>	385	25. FUNERAL DIRECTOR'S SIGNATURE <u>William Curvey</u>	ADDRESS <u>Sedalia, Mo.</u>
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RECEIVED JAN 8 1952

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed JAN 8 1952 \_\_\_\_\_

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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 R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia, 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.