

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13841

State File No.

FILED MAY 15 1952

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 62

840

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

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Humansville) c. LENGTH OF STAY (in this place) 41 da		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Collins 0930	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dimmit Memorial		d. STREET ADDRESS (If rural, give location) Doyal Twp.	

3. NAME OF DECEASED (Type or Print). a. (First) Edward	b. (Middle) P.	c. (Last) Allison	4. DATE OF DEATH (Month) (Day) (Year) May 5, 1952
------------------------------------------------------------------	-----------------------	--------------------------	-------------------------------------------------------------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept, 2, 1876	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	-----------------------------------------------------------------------	---------------------------------------	-------------------------------------------	-------------------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
------------------------------------------------------------------------------------------------------------	-----------------------------------	-----------------------------------------------------------	-----------------------------------------

13a. FATHER'S NAME Oliver Allison	13b. MOTHER'S MAIDEN NAME Clara Smith	14. NAME OF HUSBAND OR WIFE Grace Allison
------------------------------------------	----------------------------------------------	--------------------------------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or Not known) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grace Allison, Collins 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate gland		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 1/5/51	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) Collins Mo.
------------------------------------------	------------------------------------------------------------------------------------------	--------------------------------------------------------------------

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 December 19, 51, to May 5, 1952, that I last saw the deceased alive on May 5, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. A. Robinson M.D. (Degree or title)	23b. ADDRESS Humansville, Mo.	23c. DATE SIGNED 5/6/52
-------------------------------------------------------------	--------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/7/1952	24c. NAME OF CEMETERY OR CREMATORY Oak Grove	24d. LOCATION (City, town, or county) (State) Collins Missouri
---------------------------------------------------------	---------------------------	-----------------------------------------------------	-----------------------------------------------------------------------

DATE REC'D BY LOCAL REG. May 7, 1952	REGISTRAR'S SIGNATURE Ralph Gardner Jewell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. B. Basford
---------------------------------------------	---------------------------------------------------	---------------------------------------------------------------

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

F. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address

Osceola 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.