

THE DIVISION OF HEALTH OF MASSACHUSETTS STANDARD CERTIFICATE OF DEATH

35437

State File No. _____

FILED NOV 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>93</u>		PRIMARY REG. DIST. NO. <u>4154</u>		Registrar's No. <u>53-94</u>	
1. PLACE OF DEATH a. COUNTY <u>Dade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Greenfield Mo</u>		c. LENGTH OF STAY (in this place) <u>yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Greenfield Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smith Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>So. Main St</u>			
3. NAME OF DECEASED (Type or Print) <u>James</u>		a. (First) <u>A</u>		c. (Last) <u>Allison</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 2 1953</u>	
5. SEX <u>0</u> <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan 22, 1877</u>		9. AGE (In years last birthday) <u>76</u> If under 1 year: Months <u>9</u> Days <u>10</u> If under 12 mos: Hours <u>10</u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barber</u>		11. BIRTHPLACE (State or foreign country) <u>unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Allison</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Allison</u>		14. NAME OF HUSBAND OR WIFE <u>Rosy Ann Allison</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bessie Smith Greenfield Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid 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. INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-28</u> , 19 <u>53</u> , to <u>11-2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10-30</u> , 19 <u>53</u> , and that death occurred at <u>4:00 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Bessie Smith</u> (Degree or title)				23b. ADDRESS <u>Greenfield Mo.</u>		23c. DATE SIGNED <u>11-2-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 3, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brooklin</u>		24d. LOCATION (City, town, or county) (State) <u>Brooklin Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-3-53</u>		REGISTRAR'S SIGNATURE <u>J. C. Canada</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.R. Allison Greenfield Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

02904

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 W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield, Me.

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.