

FILED JAN 4 1954

STANDARD CERTIFICATE OF DEATH

State File No. 42033

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1144

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY OR TOWN Springfield	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 0-0-As		e. STREET ADDRESS (If rural, give location) 220 West State	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital		0396 0	

3. NAME OF DECEASED (Type or Print)	a. (First) RAYMOND	b. (Middle) E	c. (Last) ALLANSON	4. DATE OF DEATH (Month) (Day) (Year)
				December 27 1953

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 17, 1904	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired U.S. Army	10b. KIND OF BUSINESS OR INDUSTRY U.S. Army	11. BIRTHPLACE (City and State or Foreign Country) Orlando, Florida	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John E Allanson	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mrs Gladys Allanson
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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) Yes 1939 to 1948	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs Gladys Allanson, Springfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 32 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerotic heartdisease 10 yrs 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	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 **Sept 16, 1953**, to **Dec 27, 1953**, that I last saw the deceased alive on **Dec 26, 1953**, and that death occurred at **10:10 Am.**, from the causes and on the date stated above.

23a. SIGNATURE H B Meldner, M.D.	23b. ADDRESS Springfield, Mo 324 1/2 E Pershing	23c. DATE SIGNED Dec 27 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 30, 1953	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
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DATE REC'D BY LOCAL REG. 12-28-53	REGISTRAR'S SIGNATURE Edna Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Alma Schmeyer, Springfield, Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1951 OCT 7 AM 11

JAN 4 1952

1951 OCT 6

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..... Signature of Student Embalmer

Signed..... Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address: Springfield 3

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.