

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43911**

FILED JAN 5 1954

BIRTH NO. _____		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 6964		Registrar's No. 108	
1. PLACE OF DEATH a. COUNTY Platte				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE mo b. COUNTY Platte			
b. CITY (If outside corporate limits, write RURAL and give township) Rural (Waldron) para 2 by day				c. CITY (If outside corporate limits, write RURAL and give township) Rural. RFD. 1. 0830			
d. FULL NAME OF (If not in hospital or institution, give street address or location) Just off Hg. 45 in a Pasture				d. STREET ADDRESS (If rural, give location) Parkville. Mo.			
3. NAME OF DECEASED (Type or Print)		a. (First) Richard E.		b. (Middle) Allison		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year)		DEC. 21, 1953					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 4 - 1943	
9. AGE (In years last birthday) 40		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanics		10b. KIND OF BUSINESS OR INDUSTRY Large trucks		11. BIRTHPLACE (City and State or Foreign Country) Buckner Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Walter E. Allison		13b. MOTHER'S MAIDEN NAME Nellie E. England		14. NAME OF HUSBAND OR WIFE Anna Belle (Taylor) Allison	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) Yes (If yes, give war or dates of service) World War 2.		16. SOCIAL SECURITY NO. 499-10-3932		17. INFORMANT'S SIGNATURE OR NAME Anna Belle Allison		ADDRESS Parkville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FROZEN TO DEATH ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) EXPOSURE TO WEATHER DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9321 46			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) Slipped		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 083 (STATE) Mo.			
21d. TIME (Month) (Day) (Year) (Hour) (Min) Dec 24 5 30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Roland M. Giffey, Coroner				23b. ADDRESS Platte City, Mo.		23c. DATE SIGNED 12-24-53	
24a. BURIAL, CREMATION, OR DISPOSITION (Specify) Dec 28-53		24b. DATE Dec 28-53		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove		24d. LOCATION (City, town, or county) (State) Parkville. (Platte) Mo	
DATE REC'D BY LOCAL REG. Dec 24-53		REGISTRAR'S SIGNATURE Ophia Racine		25. FUNERAL DIRECTOR'S SIGNATURE Leland H. Francis		ADDRESS Parkville Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 11 1954
JAN 8 1954

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

Leland H. Francis

Licensed Embalmer No. *3451*

P. O. Address *Parkville, 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.