

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1854**

BIRTH NO. **FILED FEB 5 1954** REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3033** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Lebanon)		c. LENGTH OF STAY (In this place) c. CITY OR TOWN Columbia	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Memo Hosp.		e. STREET ADDRESS (If rural, give location) 1916 Highway 40 East	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) HARRISON	b. (Middle) RIDGELEY	c. (Last) McALLISTER	(Month) Jan.	(Day) 21	(Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 28, 1889	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 6 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Painter		11. BIRTHPLACE (City and State or Foreign Country) Boone County, Missouri	
13a. FATHER'S NAME Harrison D. McAllister			13b. MOTHER'S MAIDEN NAME Jeanette Shaw		14. NAME OF HUSBAND OR WIFE Georgia Belle Lee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 497-18-4672		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Allen McAllister, Columbia, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis, pulmonary chronic, far advanced & active		INTERVAL BETWEEN ONSET AND DEATH one year	
		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 None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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)		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 **1/21**, 19**54**, to **1/21**, 19**54**, that I last saw the deceased **give on 1/21**, 19**54**, and that death occurred at **2:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. Fisher M.D.	(Degree or title)	23b. ADDRESS Lebanon, Mo.	23c. DATE SIGNED 1/23/54
--------------------------------------	-------------------	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan. 23, 1954	24c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery	24d. LOCATION (City, town, or county) (State) Columbia, Missouri.
--	--------------------------------	---	--

DATE REC'D BY LOCAL REG. 1-25-1954	REGISTRAR'S SIGNATURE Hella L. May	424	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fulmer Lebanon Mo
---	---	-----	---

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

Received
Laclede County Health Unit
File No. 1-54-8
Date Filed FEB 4 1954

DEC 16 1958

FEB 19 1958

FEB 16 1958

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 *S. R. Palmer*

Licensed Embalmer No. 220

P. O. Address *Lebanon*

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.