

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23486

State File No.

BIRTH NO.		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>129</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Lebanon</u>)		c. LENGTH OF STAY (in this place) <u>11 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		05-82	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial</u>				d. STREET ADDRESS (If rural, give location) <u>337 Garfield</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Roy</u>		b. (Middle) <u>Allison</u>		c. (Last) <u>Allison</u>	
4. DATE OF DEATH		(Month) <u>July</u> (Day) <u>26</u> (Year) <u>1954</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 22 1886</u>		9. AGE (in years last birthday) <u>68</u>		10. IF UNDER 1 YEAR <u>3</u> Months <u>4</u> Days	
11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian at Lebanon Public School</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laclede Co. Mo.</u>	
13a. FATHER'S NAME <u>Charles Allison</u>		13b. MOTHER'S MAIDEN NAME <u>Minerva Martin</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Allison</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>500-14-6473</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ida Allison</u>		18. ADDRESS <u>Lebanon Mo.</u>		19. MEDICAL CERTIFICATION	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>		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		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒	
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) (m.)	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>July 8, 1954</u> , to <u>July 26, 1954</u> , that I last saw the deceased alive on <u>July 26, 1954</u> , and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>J. H. Johnson</u> (Degree or title) <u>MD</u>	
23b. ADDRESS <u>Lebanon Mo.</u>		23c. DATE SIGNED <u>7-27-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/28/1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. H. W. E. Holman</u>		25. ADDRESS <u>Lebanon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-31-1954</u>		REGISTRAR'S SIGNATURE <u>klclla</u>		424		(Licensed Embalmer's Statement on Reverse Side)	

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

APR 19 1955

APR 9 1963

Received AUG 7 1954
Laclede County Health Unit
File No. 8-54-124
Date Filed AUG 9 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

Dorsey M. Howe

Licensed Embalmer No.

4222

P. O. Address

Lebanon, 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.