

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

115

BIRTH NO.		REG. DIST. NO. <u>25</u>		PRIMARY REG. DIST. NO. <u>4036</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>BATES</u> b. CITY OR TOWN <u>RICH HILL</u> c. LENGTH OF STAY (in this place) <u>40 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>11TH MAPLE ST</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u> c. CITY OR TOWN <u>RICH HILL</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>11TH & MAPLE ST.</u>			
3. NAME OF DECEASED a. (First) <u>JOHN</u> b. (Middle) <u>L.</u> c. (Last) <u>ALLISON</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>JAN-10-1955</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>JULY-14-1884</u>	
9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>6</u>		11. DAYS <u>27</u>		12. IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>BATES COUNTY MISSOURI</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>GEORGE W. ALLISON</u>				13b. MOTHER'S MAIDEN NAME <u>LYDIA WELKER</u>			
14. NAME OF HUSBAND OR WIFE <u>AGNES ALLISON</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>				16. SOCIAL SECURITY NO. <u>---</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. James Allison Rich Hill Mo.</u>				ADDRESS <u>Rich Hill 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>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> 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"/>							
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 <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 <u>Nov 10</u> , 19 <u>44</u> , to <u>Jan 10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov 10</u> , 19 <u>44</u> , and that death occurred at <u>1 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Thomas F. Boyd DO.</u>				23b. ADDRESS <u>Rich Hill Mo.</u>			
23c. DATE SIGNED <u>1-13-55</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-12-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenhawn Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Rich Hill, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-13-55</u>		REGISTRAR'S SIGNATURE <u>Mr. Edgar Douglas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral Home</u>		ADDRESS <u>Rich Hill Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 27 1956

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 John Henderson

Licensed Embalmer No. 358

P. O. Address Butler

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.