

FILED APR 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12317

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER		
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. LENGTH OF STAY (in this place) 9 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL			d. STREET ADDRESS (If rural, give location) 2902 PEARL STREET		

3. NAME OF DECEASED (Type or Print) a. (First) JESS b. (Middle) L. c. (Last) ALLISON			4. DATE OF DEATH (Month) (Day) (Year) APRIL 19, 1955		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 22, 1897	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER - METROPOLITAN LIFE INS.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) KANSAS CITY, MO.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME ANDREW ALLISON		13b. MOTHER'S MAIDEN NAME EFFIE HUFFORD	
14. NAME OF HUSBAND OR WIFE PAULINE ALLISON		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) YES NAVY-WWII		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME MRS PAULINE ALLISON, 2902 PEARL ST.		ADDRESS			

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular-renal disease with myocardial infarction ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH From 4-10-55 to the time of death
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/22			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)		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 **4-10-55**, 19___, to **4-19-55**, 19___, that I last saw the deceased alive on **4-19-55**, 19___, and that death occurred at **10 pm**, from the causes and on the date stated above.

23a. SIGNATURE J. R. Kuhn, Jr., M.D. (Degree or title)		23b. ADDRESS 321 Frisco Building, Joplin, Missouri		23c. DATE SIGNED 4-21-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-22-55		24c. NAME OF CEMETERY OR CREMATORY OSARK MEMORIAL PARK	
24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI					

DATE REC'D BY LOCAL REG 4-23-55		REGISTRAR'S SIGNATURE [Signature] 138		25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO	
				ADDRESS	

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

8561 8 MAY

AUG 18 1956

MAY 29 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 _____

working under my personal supervision.

Student Embalmer No.

Signed F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.