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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 13 1957

1790 STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 5630 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon Rural — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Seven miles South — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Laclede
c. CITY OR TOWN Lebanon Rural — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS R.R. # 3 (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Dwayne Middle Fred Last Allison

4. DATE OF DEATH: Month Feb. Day 2, Year 1957

5. SEX: M

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Nov. 24, 1915

9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bread salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Iowa

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Roy Allison

14. MOTHER'S MAIDEN NAME: Ida Hesken

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 493-10-2217

17. INFORMANT Address: Mrs. Ida Allison Lebanon Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Broken neck Skull fracture Crushed Chest + broken leg
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Car accident 8164
DUE TO (c): 26

INTERVAL BETWEEN ONSET AND DEATH: none

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): Car he was driving was hit headon by another car

20c. TIME OF INJURY: Hour 6:30 a. m. p. m. Month, Day, Year 2-2-57

05-3

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): 7 mi S highway #5

20f. CITY, TOWN, OR LOCATION Lebanon **COUNTY** Laclede **STATE** Mo.

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 6:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H R Palmer Dr Coroner 3

22b. ADDRESS: Lebanon Mo.

22c. DATE SIGNED: 2-7-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2/6/57

23c. NAME OF CEMETERY OR CREMATORY: Mt. Rose Memorial Park

23d. LOCATION (City, town, or county) (State): Lebanon Mo.

24. FUNERAL DIRECTOR ADDRESS: Holman Lebanon Mo.

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25. DATE RECD. BY LOCAL REG.: 2-7-1957

26. REGISTRAR'S SIGNATURE: Nella L. Hay

(Licensed Embalmer's Statement on Reverse Side)

Received 2-11-57
Laclede County Health Unit
File No. 49
Date Filed 2-11-57

FEB 19 1957

FEB 19 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Dorsey M. How

Licensed Embalmer No. 42

P. O. Address Lebano

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.