

Health,
Welfare
Public
Service

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI				58-013155	
STANDARD CERTIFICATE OF DEATH				STATE FILE NUMBER	
FILED APR 25 1958		Registration District No. 11		Primary Registration District No. 4024	
				Registrar's No. 35	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> <u>0050</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cassville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Cassville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>His Home</u>		Length of stay in lb <u>12 years</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Vester</u> Middle <u>Ellis</u> Last <u>Allison</u>			4. DATE OF DEATH Month <u>April</u> Day <u>10</u> Year <u>'58</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>3</u> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>June 3, 1914</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>7</u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Samuel L. Allison</u>		13b. MOTHER'S MAIDEN NAME <u>Vina Naramore</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>163-10-8430</u>	
17. INFORMANT Address <u>S. L. Allison - Cassville, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>INTESTINAL OBSTRUCTION</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>PEPTIC ULCER</u> DUE TO (c) <u>5400</u>		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>CASSVILLE, MO</u>		20g. COUNTY <u>Barry</u>		20h. STATE <u>Missouri</u>	
21. I attended the deceased from <u>11-30-57</u> to <u>4-10-58</u> and last saw her alive on <u>4-10-58</u> Death occurred at <u>9:00</u> P m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>A. H. Johnson D.O. 2</u>		22b. ADDRESS <u>CASSVILLE, MO</u>	
22c. DATE SIGNED <u>4-12-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>April 13, '58</u>		23b. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	
23c. LOCATION (City, town, or county) <u>McDonald Co. Mo.</u>		23d. DATE RECD. BY LOCAL REG. <u>4-13-1958</u>		23e. REGISTRAR'S SIGNATURE <u>Grace Williams</u>	
24. FUNERAL DIRECTOR <u>M'Queen Funeral Home, Wheeling, W. Va.</u>		24a. ADDRESS <u>M. Queen</u>		24b. (Licensed Embalmer's Statement on Reverse Side)	

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 458-90

DATE REC. 4-23-58

MAY 2 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 Paul D. Humbert

Licensed Embalmer No. 4576
P. O. Address Cassville 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.