

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028094

STATE FILE NUMBER

FILED SEP 11 1958

Registration District No.

10

Primary Registration District No.

3002

Registrar's No.

182

S. 3006
1-57

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|---|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Audrain | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico | | c. CITY OR TOWN 0040 R.F.D. Thompson, Mo. | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital | | d. STREET ADDRESS (If outside, give location) R.F.D.#2 | |
| 3. NAME OF DECEASED (Type or print) First Hobart Middle Taylor Last ALLISON | | 4. DATE OF DEATH Month SEPT Day 6 Year 1958 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH Aug. 11, 1898 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | | 11. BIRTHPLACE (City and state or country) Audrain County, Missouri | |
| 13a. FATHER'S NAME Jefferson Allison | | 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) no | | 16. SOCIAL SECURITY NO. 524-34-6452 | |
| 17. INFORMANT Marvin Allison | | Address Mexico, Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL VASCULAR ACCIDENT Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CEREBRAL ARTERIOSCLEROSIS DUE TO (c) 331X | | INTERVAL BETWEEN ONSET AND DEATH 4 MOS YEARS | |
| 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 <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 1:17 Month APR Day 1958 Year 1958 p.m. | | | |
| 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.) | |
| 21. I attended the deceased from APR 1958 to SEPT 1958 and last saw him alive on SEPT 5 1958 Death occurred at 1:17 A.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE Leonard Thomas, Jr. (Degree or title) mexico mo | |
| 22b. ADDRESS | | 22c. DATE SIGNED 9-6-58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 23b. DATE Sept. 8-58 | |
| 23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery | | 23d. LOCATION (City, town, or county) (State) Mexico, Missouri | |
| 24. FUNERAL DIRECTOR Precht-Hueston, Mexico, Missouri | | 25. DATE RECD. BY LOCAL REG. Sept. 6-1958 | |
| 26. REGISTRAR'S SIGNATURE Blanche Neely | | | |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Leonard L. Thomas, Jr.

MEDICAL CERTIFICATION

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 Carl E. Pugh

Licensed Embalmer No. 3189

P. O. Address Mexico, Missouri

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.