

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046866

STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 324 Primary Registration District No. Registrar's No. 211

1. PLACE OF DEATH a. COUNTY <b>Saline</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Clay Township</b>			c. CITY OR TOWN <b>Clay Township</b>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R#4 Marshall</b>			d. STREET ADDRESS (If outside, give location) <b>R#4 Marshall</b>		
Length of stay in lb <b>Entire Life</b>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>Edward</b> Last <b>Allison</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>17</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 21, 1898</b>		9. AGE (In years last birthday) <b>60</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm Owner</b>	11. BIRTHPLACE (City and state or country) <b>Saline County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Alfred Terry Allison</b>		13b. MOTHER'S MAIDEN NAME <b>Fannie Kate Hanna</b>		14. NAME OF HUSBAND OR WIFE <b>Stella Scott Allison</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>495-40-3455</b>		17. INFORMANT <b>Ray Allison</b> Address <b>Kansas City, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Suicide by gun shot.</b> Self inflicted Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>976X</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Gun shot wound self inflicted</b>			
20c. TIME OF INJURY Hour <b>6:50</b> a.m. <b>12:17:58</b> p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <b>In his home</b>		20f. CITY, TOWN, OR LOCATION <b>Saline Mo</b>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>6:50 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>P. L. Lawless M.D., Coroner Saline Mo</b>		22b. ADDRESS <b>Marshall Mo</b>		22c. DATE SIGNED <b>12-18-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-19-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Marshall, Missouri</b>					
24. FUNERAL DIRECTOR <b>Campbell-Lewis</b>		ADDRESS <b>Marshall, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-19-58</b>	
26. REGISTRAR'S SIGNATURE <b>Cecil G. Read</b>					

(Licensed Embelmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *R.W. Campbell* .....

Licensed Embalmer No. *3469* .....  
P. O. Address *Marshall* .....

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.