

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016694

STATE FILE NUMBER

FILED MAY 28 1959

Registration District No. 27 Primary Registration District No. 5088 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST. CLAIR</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hudson Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Appleton City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>—</u> Length of stay in lb <u>1 day</u>		d. STREET ADDRESS (If outside, give location) <u>0930</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Rodis</u> Middle <u>Albert</u> Last <u>Allison</u>		4. DATE OF DEATH Month <u>May</u> Day <u>21</u> Year <u>59</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 1-1889</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) <u>70</u>
10a. BIRTHPLACE (City and state or country) <u>Rockville Mo.</u>		10b. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
11a. FATHER'S NAME <u>James A. Allison</u>		11b. MOTHER'S MAIDEN NAME <u>Rebecca McDonald</u>	
12a. NAME OF HUSBAND OR WIFE <u>Blanche Allison</u>		12b. ADDRESS	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14. SOCIAL SECURITY NO. <u>497-28-5837</u>	
15. INFORMANT <u>Delmer Allison</u>		16. ADDRESS <u>H. C. Kane</u>	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>ARTERIO-SCLEROTIC HEART DISEASE</u> DUE TO (c) <u>—</u>		INTERVAL BETWEEN ONSET AND DEATH <u>CHRONIC</u>	
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 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.) <u>4200</u>	
20c. TIME OF INJURY Hour <u>—</u> Month, Day, Year <u>—</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	
20e. CITY, TOWN, OR LOCATION <u>—</u>		20f. COUNTY <u>—</u> STATE <u>—</u>	
21. I attended the deceased from <u>NOV 1954</u> to <u>MAY 21 1959</u> and last saw <u>her</u> alive on <u>APR. 1959</u> Death occurred at <u>D. O. A. ABOUT 3:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Robert H. Braunshager MD</u>	
22b. ADDRESS <u>Appleton City Mo.</u>		22c. DATE SIGNED: <u>May 22 1959</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-24-59</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>MT. Zion</u>	23d. LOCATION (City, town, or county) (State) <u>ST. CLAIR Co. Mo.</u>
24. FUNERAL DIRECTOR <u>Oscar Eckloff</u>		25. DATE RECD. BY LOCAL REG. <u>MAY 23-1959</u>	
26. REGISTRAR'S SIGNATURE <u>—</u>		26. REGISTRAR'S SIGNATURE <u>—</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

8961 2 NOV

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 Oscon Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton Wis

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.