

RJ DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 23 1960 042

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=60-018397

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

ENDED

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putman			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph			Length of stay in 1b 6 years		c. CITY OR TOWN Unionville		Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital # 2			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) Rural		Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First MAUDE Middle VIRGINIA Last ALLISON				4. DATE OF DEATH Month May Day 16 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 9/24/1888	9. AGE (last birthday) 71 years	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY of the home		11. BIRTHPLACE (City and state or country) Missouri U.S.A.		
13a. FATHER'S NAME William P. Cook			13b. MOTHER'S MAIDEN NAME Sarah Shepherd		14. NAME OF HUSBAND OR WIFE Jess Allison		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Jess Allison, Unionville, Missouri R.F.D.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mycarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Psychotic							INTERVAL BETWEEN ONSET AND DEATH 6 years + 10 years 6 years +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown		
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
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.)	20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 5-16-1960 to 5-16-1960 and last saw her alive on 5-16-1960 Death occurred at 11:15 A on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE C.E. Cassins M.D. (Degree or title)				22b. ADDRESS St. Joseph State Hospital # 2		22c. DATE SIGNED 5/16/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/16/1960	23c. NAME OF CEMETERY OR CREMATORY Unionville Cemetery		23d. LOCATION (City, town, or county) Unionville, Missouri		(State)	
24. FUNERAL DIRECTOR Slater Funeral Home Trenton, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. May 17, 1960		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

C.E. Cassins M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Charles E. Bennett

Licensed Embalmer No. *4677*

P. O. Address

St Joseph

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.