

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027927

FILED VS AUG 8 1960 292

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY RALLS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY RALLS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SALINE TOWNSHIP		Length of stay in 1b 25 YRS	c. CITY OR TOWN MONROE CITY Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MONROE CITY R.2		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) MONROE CITY R.2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JAMES Middle ARTHUR Last Mc ALLISTER			4. DATE OF DEATH Month AUGUST Day 2 Year 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-8-1902	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) BISBEE, ARIZONA		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME FRANK Mc ALLISTER		13b. MOTHER'S MAIDEN NAME MARY HOGAN		14. NAME OF HUSBAND OR WIFE LILLIAN Mc ALLISTER	

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. 43065 2749	17. INFORMANT Mrs Lillian Mc Allister Monroe City Mo Address _____
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary infarction		INTERVAL BETWEEN ONSET AND DEATH 2 hours
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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 _____ a.m. _____ p.m.	Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <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 MONROE CITY, MISSOURI

21. I attended the deceased from **8-2-60** to **8-2-60** and last saw him alive on **8-2-60**
Death occurred at **4:30 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F.N. Simmons, D.O. (Degree or title)	22b. ADDRESS Monroe City, Mo.	22c. DATE SIGNED 8-3-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-5-60	23c. NAME OF CEMETERY OR CREMATORY HOLY ROSARY CEMETERY	23d. LOCATION (City, town, or county) (State) MONROE CITY, MISSOURI
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24. FUNERAL DIRECTOR Wilson & Sons ADDRESS Monroe City, Mo	25. DATE RECD. BY LOCAL REG. Aug 5, 1960	26. REGISTRAR'S SIGNATURE Clyde B. Wickes
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 17 1960

AUG 24 1960

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 me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.