

FRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS SEP 27 1960

-60-035184

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5592 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN PRARIE TOWNSHIP Length of stay in 1b 9 yrs c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION JACKSON COUNTY HOME Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON c. CITY OR TOWN PRARIE TOWNSHIP Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (if outside, give location) LEESUMMIT ROAD Rt 4 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First CORNELIA Middle ----- Last ALLISON			4. DATE OF DEATH Month September Day 18 Year 1960				
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12 25 1896	9. AGE (last birthday) 63 yrs	IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10b. KIND OF BUSINESS OR INDUSTRY unknown		11. BIRTHPLACE (City and state or country) Pine Bluff Ark.			
13a. FATHER'S NAME JESSE MAXWELL		13b. MOTHER'S MAIDEN NAME UN		14. NAME OF HUSBAND OR WIFE EDWARD ALLISON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. unknown		17. INFORMANT County home records Address Indy Mo PRY			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) apoplexy DUE TO (b) cerebral hemorrhage DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 3 weeks		
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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	COUNTY	STATE		
21. I attended the deceased from 9 1 60 , to 9 18 60 and last saw her/him alive on 9 18 60 Death occurred at 06:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>[Signature]</i>			22b. ADDRESS Rt 4 Independence Mo.		22c. DATE SIGNED 9 21 60		
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE Sept 22 1960	23c. NAME OF CEMETERY OR CREMATORY Mo State Anatomical Bldg	23d. LOCATION (City, town, or county) (State) Kansas City Mo				
24. FUNERAL DIRECTOR C. A. Erford Funeral Home K. C. Mo.		25. DATE RECD. BY LOCAL REG. 9-21-60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>				

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 Kenneth Rayford

Licensed Embalmer No. 4431

P. O. Address G. E. M.

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.