

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041368

FILED VS DEC 7 1960

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 169

NDED

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NORTH KANSAS CITY, Mo.</u>		Length of stay in 1b <u>3 1/2 YRS.</u>	c. CITY OR TOWN <u>NORTH KANSAS CITY</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>N.K.C. MEMORIAL HOSP.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2308 SWIFT</u>
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>DOSSA</u> Middle <u>GRADY</u> Last <u>ALLISON</u>			4. DATE OF DEATH Month <u>11</u> Day <u>10</u> Year <u>60</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</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>10-23-1901</u>	9. AGE (last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SAFETY SUPERVISOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>A.T. & T. Co.</u>	11. BIRTHPLACE (City and state or country) <u>Arkansas</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>HOMER ALLISON</u>		13b. MOTHER'S MAIDEN NAME <u>MARY EMERSON</u>		14. NAME OF HUSBAND OR WIFE <u>BERNYCE ALLISON</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>489-03-8259</u>	17. INFORMANT <u>BERNYCE ALLISON</u>	Address <u>2308 SWIFT N.K.C. Mo.</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Toxemia</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Enterocolitis, Etiol. Not Estd.</u>	
	DUE TO (c) <u>Perforated gastric ulcer c retroperitoneal abscess</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I <u>Chronic pancreatitis; fatty infiltration of liver</u>		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

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 <u>10-31-60</u> to <u>11-10-60</u> and last saw <u>him</u> alive on <u>Nov. 10, 1960</u>	COUNTY _____ STATE _____
21. I attended the deceased from <u>10-31-60</u> to <u>11-10-60</u> and last saw <u>him</u> alive on <u>Nov. 10, 1960</u>		Death occurred at <u>1:30</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>L. M. Roberts</u> (Degree or Title) <u>M.D.</u>	22b. ADDRESS <u>1906 Erie North K.C., Mo.</u>	22c. DATE SIGNED <u>11-10-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11-12-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OAKLAND CEMETERY</u>
23d. LOCATION (City, town, or county) (State) <u>RUSSELLVILLE, ARK.</u>		

24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS N.K.C. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-11-60</u>	26. REGISTRAR'S SIGNATURE <u>Marquette Hudgens</u>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF Informant

DEC 22 1960

VS DEC 7 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed John V. Linnick, Jr.

Licensed Embalmer No. 484

P. O. Address S.C. 17

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