

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037285

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Filed SEP 2 4 1962

Primary Registration District No. 3072 Registrar's No. 187

VS 300
Rev. 4/59

10975

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1286-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENTS

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARSHALL</u>		Length of stay in 1b <u>3 mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gilliam Rest Home</u>		Inside Limits Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First <u>MAY</u> Middle <u>-</u> Last <u>ALLISON</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>17</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>CAU</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>11-17-87</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	9. AGE (last birthday) <u>74</u>
13a. FATHER'S NAME <u>John Benson</u>		13b. MOTHER'S MAIDEN NAME <u>Marion Gordon</u>	14. NAME OF HUSBAND OR WIFE <u>Otto 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>None</u>	
17. INFORMANT <u>Mr Frank Harris, Marshall, Mo</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bilateral Pneumonia -</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Paravertebral</u> DUE TO (c) <u>Care of Rectum & Sigmoid</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>6 mo.</u> <u>6 mo.</u>	
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 <u>Sept 1962</u> to <u>Sept 17, 1962</u> and last saw him alive on <u>Sept 17, 1962</u> Death occurred at <u>9:18-62</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>D. Thompson</u> (Degree or title) 22b. ADDRESS <u>Marshall Mo</u> 22c. DATE SIGNED <u>9-18-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Sept 19, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fair Haven</u>	23d. LOCATION (City, town, or county) (State) <u>Norborne, Mo</u>
24. FUNERAL DIRECTOR <u>Dickerson-Rice - Bogard, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-18-62</u>	26. REGISTRAR'S SIGNATURE <u>Leila L. Reed</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

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

Samuel M. Rice

Licensed Embalmer No.

5087

P. O. Address

Bogard, Mo.

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.