

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031333

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1042

FILED SEP 3 1963

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

St. Joseph

Length of stay in 1b

5 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

912 N 3rd St.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Buchanan

c. CITY
OR TOWN

St. Joseph

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

912 N. 34d

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

JESS

Middle

ALLISON

Last

4. DATE OF DEATH

Month

Day

Year

August 24, 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/15/1885

9. AGE (last birthday)

78

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10b. KIND OF BUSINESS OR INDUSTRY

Armour & Co.

11. BIRTHPLACE (City and state or country)

Maryville, Tenn.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George Allison

13b. MOTHER'S MAIDEN NAME

Sarah Hilton

14. NAME OF HUSBAND OR WIFE

Nellie

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.

505-05-5704

17. INFORMANT

Mrs. Nellie Allison, St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

Sudden

DUE TO (b)

Arteriosclerotic Heart Disease

1 year

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 ☐ Unknown19. 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 10/20/62 to 8/24/63 and last saw him alive on 8/24/63

Death occurred at 8:45 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Owen D. Craig, M.D.

(Signature or title)

22b. ADDRESS

SOCIAL WELFARE BOARD
10th & Olive, St. Joseph, Mo.

22c. DATE SIGNED

8/27/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

8/27/1963

23c. NAME OF CEMETERY OR CREMATORY

Odd Fellows Public Cem.

23d. LOCATION (City, town, or county)

St. Joseph

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Hilton - Bowman,

St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

Aug 30, 1963

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
O.W.D. Craig, M.D.

DATE AMENDED

VS 300
Rev. 4/59

1 5/1/7

2 5/1/7

3 2

4 0

5 1

6

7 1

8 2

94200

10

11

12 90-0

13 1-0

Permit issued 8-27-63

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 William Spaulding
Licensed Embalmer No. 4535

P. O. Address St Joseph, 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.