

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033183

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

277

Primary Registration District No.

5952

Registrar's No.

38

FILED AUG 30 1963

1. PLACE OF DEATH

a. COUNTY

Pike

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

Spencer

Length of stay in 1b

Lifetime

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

3 Mi. W. Curryville

Inside Limits

Yes ☐ No ☒

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

a. STATE

Mo.

b. COUNTY

Pike

admission)

c. CITY
OR
TOWN

Curryville

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

3 Mi. W. Curryville

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

JARVIE ELMER ALLISON

4. DATE OF DEATH

Month

Day

Year

August 15 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

11-27-1894

9. AGE (last birthday)

68

10. IF UNDER 1 YEAR

Months

Days

Hours Min.

8 18

Hours Min.

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

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Shoe Factory

11. BIRTHPLACE (City and state or country)

Curryville, Mo.

12. CITIZEN OF WHAT COUNTRY

US

13a. FATHER'S NAME

Tom Allison

13b. MOTHER'S MAIDEN NAME

Ella Fransworth

14. NAME OF HUSBAND OR WIFE

Iva Allison

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.

487 24 6868

17. INFORMANT

Address

Iva Allison, Curryville, 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)

Hepatic Coma

INTERVAL BETWEEN ONSET AND DEATH
1 week

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

DUE TO (b)

Adenocarcinoma of Liver, Right Kidney, L. bowel

5 years

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.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20f. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20h. CITY, TOWN, OR LOCATION

20i. COUNTY

20j. STATE

21. I attended the deceased from 6-24-63 to 8-15-63 and last saw him alive on 8-15-63

Death occurred at 6:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Registrier or title)

M.D.

22b. ADDRESS

Vandalia, Missouri

22c. DATE SIGNED

8-16-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Aug. 17, 1963

23c. NAME OF CEMETERY OR CREMATORY

Curryville Cemetery

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

Curryville, Mo.

24. FUNERAL DIRECTOR

ADDRESS

J.O. Mudd

Bowling Green, Mo.

25. DATE RECD. BY LOCAL REG.

Aug. 16, 1963

26. REGISTRAR'S SIGNATURE

Mailee B. Williams

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Burial permit issued
Aug 16, 1963.

Maides & Williams
Local Registrar
District 277

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

James C. Mudd

Licensed Embalmer No. 4152

P. O. Address Bowling Green, 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.