

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021963

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 662

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

15117
25117

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 18 1962

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Length of stay in lb 40 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2514 S. 14th 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) 2514 S. 14th St. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
BENJAMIN ALLISON
(Type or print)

4. DATE OF DEATH Month Day Year
June 5, 1962

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4/3/1886 9. AGE (last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer 10b. KIND OF BUSINESS OR INDUSTRY farm 11. BIRTHPLACE (City and state or country) Effingham, Kansas 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Milton Allison 13b. MOTHER'S MAIDEN NAME Katurrah Thomas 14. NAME OF HUSBAND OR WIFE Elsie

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. 488-15-5287 17. INFORMANT Elsie Allison, 2514 S. 14th, St. Joseph, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:
PART I. IMMEDIATE CAUSE (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 2 + Mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis + Hypertension unknown
DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertrophy of Prostate + Azotemia 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 Month, Day, Year
a.m. p.m.

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 MAY 29, 1962 to June 4, 1962 and last saw her alive on June 4, 1962
Death occurred at 11:35 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. Day, M.D. 22b. ADDRESS 109 N 7th St. Joseph 22c. DATE SIGNED 6-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 6/9/1962 23c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery 23d. LOCATION (City, town, or county) (State) Savannah, Missouri

24. FUNERAL DIRECTOR Hester Bowman ADDRESS St. Joseph, Mo. 25. DATE RECD. BY LOCAL REG. June 13, 1962 26. REGISTRAR'S SIGNATURE Mr. Clark Goodell

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 Eugene Wood

Licensed Embalmer No. 3804
P. O. Address 319 South 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.