

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **1015**
403

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MONITEAU</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Tipton</u>	
c. LENGTH OF STAY (In this place) <u>10-13-49-1-27-50</u>		d. STREET ADDRESS (If rural, give location) <u>X</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Lukes Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vivian</u> b. (Middle) <u>G</u> c. (Last) <u>Allison</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-27-50</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>8-13-13</u>
9. AGE (In years last birthday) <u>36</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TEACHER</u>	
11. BIRTHPLACE (State or foreign country) <u>Cooper - Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>E.H. GUMP</u>		13b. MOTHER'S MAIDEN NAME <u>NELLIE-WILLIAMS</u>	
14. NAME OF HUSBAND OR WIFE <u>Leslie 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'S SIGNATURE OR NAME ADDRESS <u>Leslie Allison Clarkburg Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Abscesses of Abdominal Cavity</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of the Ovaries with Metastases</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>175 X</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-13</u> , 19 <u>49</u> , to <u>1-27</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-27</u> , 19 <u>50</u> , and that death occurred at <u>2:30</u> pm., from the causes and on the date stated above.			
23a. SIGNATURE <u>Richard C. Schaffer</u> (Degree or title) <u>Richard C. Schaffer MD</u>		23b. ADDRESS <u>St Lukes Hospital</u>	
23c. DATE SIGNED <u>1-27-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>1-29-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>New Jew</u>		24d. LOCATION (City, town, or county) (State) <u>Smith Clarkburg Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-28-50</u>		REGISTER'S SIGNATURE <u>Sheldine Holmsted</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Richard Tipton</u>		ADDRESS <u>Tipton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3000
D

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
Student Embalmer

Signed

Jessie E. Richards

Licensed Embalmer No. *2466*

P. O. Address *Lipton, 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 this body is not embalmed, fact should be so stated above.