

No. 300  
10748

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16515

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 185 PRIMARY REG. DIST. NO. 4300 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laclede</u>		c. LENGTH OF STAY (in this place) <u>9 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>no street</u>	

3. NAME OF DECEASED (Type or Print) <u>Clarissa</u>	a. (First)	b. (Middle)	c. (Last) <u>Allen</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 26 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept. 26, 1862</u>	9. AGE (in years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Abilene, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Carter Deweese</u>	13b. MOTHER'S MAIDEN NAME <u>Nannie Powell</u>	14. NAME OF HUSBAND OR WIFE <u>Isaac Allen</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Charles Allen, Laclede, Mo</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5/27/49</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis (Cerebral)</u> <u>Causing Cerebral hemorrhage</u> DUE TO (b) <u>Cerebral unknown</u> DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Essential hypertension</u>		

19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>no</u> (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 March 1949, to May 26, 1949, that I last saw the deceased alive on May 18, 1949, and that death occurred at 11:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. J. J. J. J.</u> (Degree or title)	23b. ADDRESS <u>Brookfield, Mo.</u>	23c. DATE SIGNED <u>5-27-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>May 29 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Powell Cemetery,</u>	24d. LOCATION (City, town, or county) (State) <u>Near Indian Grove, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 29-1949</u>	REGISTRAR'S SIGNATURE <u>Chris A. Martens</u>	FUNERAL DIRECTOR'S SIGNATURE <u>James M. Laughlin</u>	ADDRESS <u>Marceline, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DISTRICT HEALTH OFFICE  
Casper, Mo.

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

*Blanche M. Laughlin*

Licensed Embalmer No. 1909

P. O. Address Marceline, 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.