

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13711

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 185 PRIMARY REG. DIST. NO. 5692 Registrar's No. 5

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

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Linn</b>	
b. CITY OR TOWN <b>Rural - Parson Creek</b>	c. LENGTH OF STAY (in this place) <b>55</b>	c. CITY OR TOWN <b>Rural Parson Creek 0580</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4 miles south of Meadville</b>		d. STREET ADDRESS (If rural, give location) <b>4 miles south of Meadville</b>	

3. NAME OF DECEASED (Type or Print) <b>Charlotte</b>	a. (First)	b. (Middle) <b>-</b>	c. (Last) <b>Allen</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 26, 1950</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>Jan. 15, 1862</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Hodgenville Kentucky</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Steven Vittitoe</b>	13b. MOTHER'S MAIDEN NAME <b>Judith Ann Brown</b>	14. NAME OF HUSBAND OR WIFE <b>Charles William Allen</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Sally Young; Meadville, Missouri</b>	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 <b>3 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>331X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Apr. 23, 1950**, to **Apr. 26, 1950**, that I last saw the deceased alive on **Apr. 26, 1950**, and that death occurred at **7:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. H. Bryan, M.D.</b> (Degree or title)	23b. ADDRESS <b>Wheeling, Mo.</b>	23c. DATE SIGNED <b>4/28/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-30-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Meadville</b>	24d. LOCATION (City, town, or county) (State) <b>Meadville, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Apr. 29-1950</b>	REGISTRAR'S SIGNATURE <b>Chris A. Martens</b> 169	25. FUNERAL DIRECTOR'S SIGNATURE <b>Norman Funeral Home; Chillicothe, Mo.</b>	ADDRESS
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**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Elton Norman

Signed.....  
Student Embalmer

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.