

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13474**

FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. **389** PRIMARY REG. DIST. NO. **5161** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Callaway 0140		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Callaway 1140	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN New Bloomfield township) 8 weeks		c. CITY OR TOWN McCredie	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION New Bloomfield		e. STREET ADDRESS (If rural, give location) R.F.D.	

3. NAME OF DECEASED (Type or Print)	a. (First) Clara	b. (Middle) Agnes	c. (Last) Allen	4. DATE OF DEATH (Month) (Day) (Year) April 25 1953
-------------------------------------	-------------------------	--------------------------	------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 22, 1888	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 0 Days 1	IF UNDER 2 HRS. Hours Min.
----------------------	-------------------------------	---	--	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) New Bloomfield, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	--	--

13a. FATHER'S NAME John W. Glennen	13b. MOTHER'S MAIDEN NAME Sallie Bryant	14. NAME OF HUSBAND OR WIFE John J. Allen
---	--	--

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. None	17. INFORMANT'S SIGNATURE OR NAME John J. Allen ADDRESS McCredie, MO R.R.
--	-------------------------------------	---

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, ashenia, etc. It means the disease, injury, or complication which caused death. 0	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 1951		19b. MAJOR FINDINGS OF OPERATION Removal of Breast	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **April 23, 1953**, to **April 25, 1953**, that I last saw the deceased alive on **April 23, 1953**, and that death occurred at **6:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. M. Rusk (Degree or title) M.D.	23b. ADDRESS New Bloomfield, Mo.	23c. DATE SIGNED 4/25/53
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April, 25, 53	24c. NAME OF CEMETERY OR CREMATORY Dry Fork Cemetery	24d. LOCATION (City, town, or county) (State) Rural Callaway Co. Mo.
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. Apr - 24 - 53	REGISTRAR'S SIGNATURE Leroy Claypool	25. FUNERAL DIRECTOR'S SIGNATURE Hallaces Funeral Home ADDRESS Tulton, Mo.
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 11 1953

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 *William E. Trehee*

Licensed Embalmer No. *4870*

P. O. Address *Hulton*

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.