

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

FILED OCT 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33398

State File No.

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5347 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Wallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Woodbury</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Benton Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hornick</u>	
c. LENGTH OF STAY (in this place) <u>1 WEEK</u>		9 9 7 13	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>200</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FANNIE</u> b. (Middle) <u>M.</u> c. (Last) <u>CLEVELAND</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 10, 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>Jan. 26, 1862</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>19</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	11. BIRTHPLACE (State or foreign country) <u>England</u>	12. CITIZEN OF WHAT COUNTRY? <u>4</u>
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13a. FATHER'S NAME <u>William Allen</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT'S SIGNATURE OR NAME <u>Hazel Metcalf-Hornick, Ia</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>immed</u> <u>8-10</u> <u>4-24</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</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	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) (Min.)	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 10 Oct 1949, to 16 Oct 1949, that I last saw the deceased alive on 7 Oct 1949, and that death occurred at 4a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. Buffal</u>	23b. ADDRESS <u>Buffalo</u>	23c. DATE SIGNED <u>13 Oct 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-13-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Howland Park</u>	24d. LOCATION (City, town, or county) (State) <u>Sioux City, Ia</u>
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DATE REC'D BY LOCAL REG. <u>10/22/49</u>	REGISTRAR'S SIGNATURE <u>Miss G.B. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L.B. Jones</u>	ADDRESS <u>Buffalo, Mo</u>
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RECEIVED

District Health Officer No. 7,

District File Number 4-49-1268

Date Filed 10-25-49

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.

Signed.....
Student Embalmer

Signed Wm. R. Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.