ש או ורת מכרי ל	4240	THE DIVISION OF HE	ALTH OF MISSOURI	• •	DOOM
PLED DEC 7	1949	STANDARD CERTIF	ICATE OF DEATH	State File No	00KY
BIRTH NO		REG. DIST. NO. 278	PRIMARY REG. DIST. NO.	Registrar's No	99
1. PLACE OF DEAT	τΉ	• •	2. USUAL RESIDENCE	(Where deceased lived. If in	
a. COUNTY P	ike		a. STATE Missouri	b. COUNTY P	ke dinimin
b. CITY (If outside corr	porate limite, write RI	URAL and give c. LENGTH OF	c. CITY (If outside corporate li OR	mits, write RURAL and give tow	nahip)
τόῶν Louis	iana	township) STAY (in this place)	TOWN Louisian	a ,	هنا المناسب
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR			d. STREET (If ro	iral, give location)	Į
INSTITUTION	Pike Co. I	Hospital		h B Street	აა
3. NAME OF 1	a. (First)	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	CLEMENT	H	ALLISON	DEATH NOV. 2	4, 1949
W 1 2 .	OLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years IF UNDE	R I YEAR OF UNDER 24 HRS
Male	hite	Widowed Widowed	Warch 22, 1870	79 8	Days Hours Min
10a. USUAL OCCUPATION	(Give kind of work	10b. KIND OF BUSINESS OR IN- Metired Heal DUSTRY	11. BIRTHPLACE (State or forel		12. CITIZEN OF WHA
done during most of working Real Estate I		Retired Real DUSTRY Estate Ins. Agent	Pike Co., Miss	ou nd : ∕	COUNTRY?
3a. FATHER'S NAME	madrance :	13b. MOTHER'S MAIDEN		NAME OF HUSBAND OR WI	
William C.	Allison	Martha Emerso	-	av Minerva Alli	
5. WAS DECEASED EVER			17. INFORMANT'S SI		ADDRESS
	es, give war or dates o		1		/
No	-NO	NONE		4150N - ST. A	DUIS MO
18. CAUSE OF DEATH Enter only one cause per 1	I. DISEASE OR CO	NOTION A	ERTIFICATION	1 1.7	INTERVAL BETWEEN
line for (a), (b), and (c)	DIRECTLY LEADIN	NG TO DEATH*(a)	muna -My	Hoth Re	=
	ANTECEDENT CA	uses · / (),	_) [/'		
*This does not mean he mode of dying, such			5to - lute	es duy	_
as heart failture, asthenia.	rise to the above ca the underlying caus	, if any, giving DUE TO (b) ouse (a) stating		/	
ric. It means the dis-	the anaertying tau	DUE TO (c)		•	
tion which caused death.	II. OTHER SIGNIF	ICANT CONDITIONS	, , ,	- 11	J-19 / 14
ľ	Conditions contribu	uling to the death but not le or condition causing death.	0.2.0	Ou laura	D / 8 X
19a. DATE OF OPERA-		INGS OF OPERATION	0	1.700	20. AUTOPSY7
TION		·			YES NO
21a. ACCIDENT	Specify) 2	1b. PLACE OF INJURY (e.g., in or about	Zic. (CITY, TOWN, OR TOWNS	SHIP) (COUNTY)	(STATE)
SUICIDE HOMICIDE		ome, farm, factory, street, office bldg., etc.)	51.4		• •
21d. TIME (Month)	(Day) (Year) (E	Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCU	D1	
OF INJURY	(DAY) (1947) (2	WHILE AT NOT WHILE	ZII. HOW DID INJUNI OCCU	,	
MJURT _		WORK AT WORK	1		· · · · · · · · · · · · · · · · · · ·
22. I hereby certify th	/		,, ,	24/499, that I la	
alive on 11/	<u>28/49, 19 </u>	_, and that death occurred at _		ses and on the date stat	
23a. SIGNATURE	•	(Degree or title)	23b. ADDRESS		23c. DATE SIGNED
Dolle	ulle	Olden M.D.	Louisiana, Mi	ssouri	11/24/49
24a. BURIAL, CREMA-	24b. DATE	24c. NAME OF CEMETER	Y OR CREMATORY 24d. LC	OCATION (City, town, or cou	nty) (State)
TION REMOVAL (Specify)	11/26/49	Riverview Cem	etery . Th	uisiana. Missou	791
PATE REC'D BY LOCAL	REGISTRAR'S SI				
ハルー ユイング	Burn	use Callere	sterne Funeral	HomeLouisia	na. Mo.
- 179°	7/1000/14	(linear Entrine)	reternant on Demanta Side		7 IV.U.

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orth B Street

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RECEIVED

DEC 5 District Health Officer No. 1

District File Number 12-49:20 Date Filed comes DEC ... Sand 1940 2022

STATEMENT BY LICENSED EMBALMER

. I hereby certify that the body whose name is recorded on the reverse side of this	certificate v	as embalm	ed by me, or by
	Student	Embalmer	No
working under my personal supervision.			
•			_

Licensed Embalmer No. 4645

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. unce of --emote It was

Student Embalmer