

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LONISTARA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Curryville</u> <u>1820</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>PIKE Co. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARRIE</u> b. (Middle) <u>ELLIS</u> c. (Last) <u>ALLISON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 4 1950</u>	
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>May 3 1870</u>
9. AGE (In years last birthday) <u>80</u>		10. IF UNDER 1 YEAR (Months) (Days) <u>3 7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
11. BIRTHPLACE (State or foreign country) <u>Rolla Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>John Sullivan</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Gidden</u>	
13c. NAME OF HUSBAND OR WIFE <u>John S. Allison</u>			
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		15. SOCIAL SECURITY NO. <u>-</u>	
16. INFORMANT'S SIGNATURE OR NAME <u>Bertha Middleton Vandavia</u>		ADDRESS <u>-</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchio pneumonia</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) <u>-</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis generalized</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	
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? <u>-</u>			
22. I hereby certify that I attended the deceased from <u>July 2, 1950</u> , to <u>July 4, 1950</u> , that I last saw the deceased alive on <u>July 4, 1950</u> , and that death occurred at <u>7:55 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Hed M. Hunter M.D.</u>		23b. ADDRESS <u>Bowling Green, MO</u>	
23c. DATE SIGNED <u>7/8/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>7 6 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Spencersburg</u>		24d. LOCATION (City, town, or county) (State) <u>Spencersburg MO</u>	
DATE REC'D BY LOCAL REG. <u>July 18, 1950</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u> <u>374</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Grace Bonfhead</u>		ADDRESS <u>Bowling Green</u>	

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

0671

RECEIVED JUL 28 1950
District Health Officer No. 10
District File Number 2-50-1214
Date Filed JUL 31 1950

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.....
Student Embalmer

Signed

Harold C. Hinks

Licensed Embalmer No. 4597

P. O. Address Bowling Green 2nd

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.