

No. 300
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 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. 41150

BIRTH NO. _____		REG. DIST. NO. <u>154</u>		PRIMARY REG. DIST. NO. <u>5575</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grandview</u>		c. LENGTH OF STAY (In this place) <u>6 MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grandview</u>		3480	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5th and Rhodes</u>				d. STREET ADDRESS (If rural, give location) <u>5th and Rodes</u>			
3. NAME OF DECEASED a. (First) <u>Alonzo V.</u> (Type or Print)			b. (Middle) <u>Allen</u>			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 17 1950</u>			5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 3, 1889</u>		9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Garages</u>		11. BIRTHPLACE (State or foreign country) <u>Holt Co, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm. Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Stalling</u>		14. NAME OF HUSBAND OR WIFE <u>Cordelia Allen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>323-01-1758</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. A. V. Allen, Grandview, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Minute)		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 <u>Dec 17, 1950</u> , to <u>Dec 17, 1950</u> that I last saw the deceased alive on <u>Dec 17, 1950</u> , and that death occurred at <u>4:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>S. D. Hooper, M.D.</u> (Degree or title)				23b. ADDRESS <u>Grandview, Mo.</u>		23c. DATE SIGNED <u>Dec 18, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/20/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12/21/50</u>		REGISTRAR'S SIGNATURE <u>Dr. Annis E. Hodge</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. K. George</u>		ADDRESS <u>Grandview, Mo.</u>	

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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 _____

A. H. George

Signed.....
Student Embalmer

Licensed Embalmer No. 5645

P. O. Address Grandview T

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.