

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26755**

FILED AUG 25 1951

Registrar's No. **3440**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside of corporate limits, write RURAL and give township) <u>Versailles Mo. 1</u>	
c. LENGTH OF STAY (in his place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>0710 X</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroe Hotel</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) _____ c. (Last) <u>Allen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-11-51</u>		
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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>11/16/1887</u>		9. AGE (In years, month, day) <u>63 yrs</u>		10. IF UNDER 1 YEAR: Months _____ Days _____		10. IF UNDER 24 HRS: Hours _____ Min. _____	
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10. USUAL OCCUPATION (Give kind of work done during most of week (If none, specify)) <u>Retired U.S. Station Agent - Jack Delaney</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <u>Ill</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
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13a. FATHER'S NAME <u>Charles Allen</u>				13b. MOTHER'S MAIDEN NAME <u>Malinda Styles</u>				14. NAME OF HUSBAND OR WIFE <u>Rosena Allen</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>708-146416</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Tordon Allen (Son)</u> ADDRESS <u>Versailles Mo.</u>			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>						4200	
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 checked="" 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) _____	
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? _____	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE <u>Geo. C. Kealhofer</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>4050 Broadway, 40 New</u>		23c. DATE SIGNED <u>8-14-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Monroe Hotel</u>		24b. DATE <u>8/12/51</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Versailles Mo</u>	
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DATE REC'D BY LOCAL REG. <u>8-11-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Dean B. Coetzee</u> ADDRESS <u>KC Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MS
NOV 23 1959

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
Student Embalmer

Signed *John B. Lupton*

Licensed Embalmer No. *4773*

P. O. Address *HC 2/0*

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.