

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

1299

State File No.

FILED FEB 14 1953

Registrar's No. **280**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1001		Registrar's No. 280	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 35 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1820 Highland				d. STREET ADDRESS (If rural, give location) 1820 Highland 3324			
3. NAME OF DECEASED (Type or Print)		a. (First) Garfield E. Allen		b. (Middle) LINCOLN		c. (Last) _____	
4. DATE OF DEATH Jan. 13, 1953		4. DATE (Month) (Day) (Year)		5. SEX Male		6. COLOR OR RACE Colored	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 1, 1898		9. AGE (In years last birthday) 54		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Railway Mail		11. BIRTHPLACE (City and State or Foreign Country) Ruston, Louisiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Dock Allen		13b. MOTHER'S MAIDEN NAME Melisia		14. NAME OF HUSBAND OR WIFE Martha Allen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 486-09-9212		17. INFORMANT'S SIGNATURE OR NAME Martha Allen ADDRESS 1820 Highland			
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) Muscular Atrophy					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Amvotrophic Lateral Sclerosis					
		DUE TO (c) Unknown					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
		Broncho Pneumonia					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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 1/11/53, 19 to 1/13/53, 19 , that I last saw the deceased alive on 1/13/53, 19 , and that death occurred at 6:20 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. M. Millman M.D.				23b. ADDRESS 1618 Lydia Kansas City, Mo		23c. DATE SIGNED 1/16/53	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/16/53		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 1-16-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Walter B. Benton ADDRESS 18th & Benton			

(Licensed Embalmer's Statement on Reverse Side)

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

10-300
10-48

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3561

1/19

Do not seal

MAY 4 1951

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 *Bruce A. Watkins*

Licensed Embalmer No. *4500*

P. O. Address *1804 Benton*

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.