

FILED MAR 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9683**
1173

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>1829 Mercier</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1829 Mercier</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DONNA</u>	b. (Middle) <u>CHRISTINE</u>	c. (Last) <u>ALLEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 25 1953</u>
-------------------------------------	-------------------------	------------------------------	------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb 7 1952</u>	9. AGE (In years last birthday) <u>1</u>	10. MONTH <u>1</u>	11. DAYS <u>230</u>	12. HOURS <u>8</u>	13. MIN. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		

13a. FATHER'S NAME <u>WAYNE E ALLEN</u>	13b. MOTHER'S MAIDEN NAME <u>DONNA BAYLESS</u>	14. NAME OF HUSBAND OR WIFE _____
---	--	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wayne E Allen</u>	ADDRESS <u>1829 Mercier</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of death undetermined (n.m.o.)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>795</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 checked="" type="checkbox"/> NO <input 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) _____	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 7 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Geo. C. Keelhofer</u> (Degree or title) <u>Deputy Coroner</u>	23b. ADDRESS <u>4050 Broadway St. Overland Park, Mo.</u>	23c. DATE SIGNED <u>2-25-53</u>
---	--	---------------------------------

24a. BURIAL CREMATION (Removal) <u>Burial</u>	24b. DATE <u>Feb 27 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>2-26-53</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Mark & Robin</u>	ADDRESS <u>20 W Linwood</u>
---	---	--	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

At 2 24 32
10/20/41

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, study

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Farrest D. Callnow

Licensed Embalmer No. 4714

P. O. Address Kansas City Mo

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.