

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24218

State File No.

FILED JUL 27 1953

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>CLAY</u>	
b. CITY OR TOWN <u>Gladstone</u>	c. LENGTH OF STAY (in this place) <u>20 Yrs</u>	c. CITY OR TOWN <u>Gladstone</u>	d. Residence within limits of a City or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 Mi. North of W.K.S. on 169 Hwy</u>		e. STREET ADDRESS (If rural, give location) <u>R#12, No. KANSAS CITY, Mo 6000</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MR. EDGAR</u>	b. (Middle) <u>T</u>	c. (Last) <u>ALLEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 23, 1953</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>SEPT. 20, 1886</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 hrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LAWLESS JOHNSON CO. CARPET</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>BEARON Mo, 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>EDGAR ALLEN</u>	13b. MOTHER'S MAIDEN NAME <u>MUSIC MORGAN</u>	14. NAME OF HUSBAND OR WIFE <u>MYRTLE E. ALLEN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.I</u>	16. SOCIAL SECURITY NO. <u>495-10-5344</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Myrtle Allen, R#12, W.K.C.</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u>		
	DUE TO (c) <u>4672</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Toxemia & Bacteremia Desquam. Following Amputation Glaucoma</u>			

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) _____
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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? _____
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22. I hereby certify that I attended the deceased from July 27, 1951, to July 23, 1953, that I last saw the deceased alive on July 22, 1953, and that death occurred at 5:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. B. Johnson, D.O.</u>	23b. ADDRESS <u>Gladstone Mo</u>	23c. DATE SIGNED <u>7/24/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-25-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK Cem</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7/25/53</u>	REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER'S</u>	ADDRESS <u>No. K.C. Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 28 1953

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 John H. Kalsbeek, Student Embalmer No. 458 working under my personal supervision..

Student John H. Kalsbeek
Signature of Student Embalmer

Signed Glen H. Hill

Licensed Embalmer No. 458

P. O. Address K.C. 16, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.