

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24601

State File No. _____

3684

FILED AUG 13 1953

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) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>7658</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>4042 Harrison</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Frederick</u>		b. (Middle)		c. (Last) <u>Allen</u>	
				Month <u>7</u> Day <u>24</u> Year <u>1953</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>JANUARY 8, 1884</u>		9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR		IF UNDER 1 HR.	
										Months		Days	
										Hours		Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>UNION NATIONAL BANK</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY, MISSOURI</u>			12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>FORD A. ALLEN</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET HOFFMAN</u>			14. NAME OF HUSBAND OR WIFE <u>GENE ALLIN</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>NO</u>		16. SOCIAL SECURITY NO. <u>487-03-6011</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. GENE ALLEN</u>		ADDRESS <u>4042 HARRISON, KCMO</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary infarct</u>						<u>6000</u>	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. arterio sclerosis</u> DUE TO (c) <u>Chronic pyelonephritis</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input 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 July 22, 1953, to July 24, 1953, that I last saw the deceased alive on July 24, 1953, and that death occurred at 2:08 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>B. I. Burns, M.D.</u>			23b. ADDRESS <u>24th & Cherry</u>			23c. DATE SIGNED <u>7-25-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 28, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>7-27-53</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons, Kansas City, Mo.</u>				

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

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.