

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42730**
Registrar's No. **5727**

FILED DEC 23 1953

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

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) Life	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION Dixon Hotel, Rm. 301		e. STREET ADDRESS (If rural, give location) 45 East 55th Terrace	
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) H. c. (Last) Allen		4. DATE OF DEATH (Month) (Day) (Year) Dec. 5, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 8, 1890
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months 0	IF UNDER 12 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10b. KIND OF BUSINESS OR INDUSTRY Dixon Hotel	11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Hollie B. Allen	
13b. MOTHER'S MAIDEN NAME Amelia Kling		14. NAME OF HUSBAND OR WIFE Anna H. Allen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 495-05-2121	
17. INFORMANT'S SIGNATURE OR NAME Hollie Allen		ADDRESS 45 E. 55th Terr., K.C. MO.	
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) Coronary Sclerosis & Thrombosis ANTECEDENT CAUSES DUE TO (b) with myocardial fibrosis DUE TO (c) from previous coronary occlusion Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Aneurysm	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION abdominal aorta	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		4201	
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 7:00 PM 12/4/53 to 3:00 PM 12/5/53 , that I last saw the deceased alive on 30 Nov 1953 , and that death occurred at 12/5/53 from the causes and on the date stated above.			
23a. SIGNATURE Kenneth E. [Signature]		23b. ADDRESS 4635 Wymondale Blvd '53	
23c. DATE SIGNED Dec 5 '53			
24a. BURIAL OR CREMATION (Specify) Burial		24b. DATE 12-7-53	
24c. NAME OF CEMETERY OR CREMATORY Brooking		24d. LOCATION (City, town, or county) (State) Raytown, Missouri	
DATE REC'D BY LOCAL REG. 12-7-53		REGISTRAR'S SIGNATURE Geraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.		ADDRESS K.C. MO.	

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
Signature of Student Embalmer

Signed *Eugene J. Harrison*

Licensed Embalmer No. *4633*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.