

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

State File No. **8001**

FILED MAR 30 1954 REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097** Registrar's No. **409**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY OR TOWN Harrisonville		c. CITY OR TOWN Harrisonville	
c. LENGTH OF STAY (In this place) 20 yrs.		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 607 N. Lexington		e. STREET ADDRESS (If rural, give location) 607 N. Lexington 0191	

3. NAME OF DECEASED (Type, or Print) ADA ELLEN ALLEN	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Month (Day) (Year) Mar 23 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 13 - 1878	9. AGE (In years, last birthday) 75	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Harrisonville Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wm. Kallacher	13b. MOTHER'S MAIDEN NAME Ruth Jane Tull	14. NAME OF HUSBAND OR WIFE Ethan Allen
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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) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Corinna House	ADDRESS Harrisonville Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant Hypertension few years		
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 4+3' X	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)
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 Mar. 15, 1954, to Mar. 23, 1954, that I last saw the deceased alive on Mar. 23, 1954, and that death occurred at 12:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Do not or title) Paul H. Green D.O.	23b. ADDRESS Harrisonville, Mo.	23c. DATE SIGNED 3-25-54
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Mar 28 - 1954	24c. NAME OF CEMETERY OR CREMATORY Orient Cemetery	24d. LOCATION (City, town, or county) (State) Harrisonville Mo.
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DATE REC'D BY LOCAL REG. Mar 26, 54	REGISTRAR'S SIGNATURE Dora Barnard	457 - C	25. GENERAL DIRECTOR'S SIGNATURE Pfenniburger	ADDRESS Harrisonville Mo.
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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.....
James R. Phillips

Licensed Embalmer No. 464

P. O. Address.....
Harrison

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.