

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

State File No. **8470**  
**1026**

BIRTH NO. **FRED MAR 25 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1603** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <i>Jackson</i>		<b>2. USUAL RESIDENCE</b> (Where deceased lived, if institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Paris City</i>		c. CITY OR TOWN <i>Texas City</i>	d. IS RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <i>2 years</i>		e. STREET ADDRESS (If rural, give location) <i>3418 Brooklyn 3548</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>KRESTWOOD Medical Center</i>		f. ADDRESS <i>0</i>	
<b>3. NAME OF DECEASED</b> (Type or Print) <i>TERESE B ALLEN</i>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <i>3 / 7 / 54</i>	
<b>5. SEX</b> <i>Female</i>	<b>6. COLOR OR RACE</b> <i>White</i>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <i>Married</i>	<b>8. DATE OF BIRTH</b> <i>Sept. 14 1880</i>
<b>9. AGE</b> (In years last birthday) <i>73</i>	f UNDER 1 YEAR Months _____ Days _____	g UNDER 24 HRS. Hours _____ Min. _____	<b>12. CITIZEN OF WHAT COUNTRY?</b> <i>U.S.A.</i>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <i>None</i>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <i>Texas City, Mo.</i>
<b>13a. FATHER'S NAME</b> <i>Edward Roberts</i>	<b>13b. MOTHER'S MAIDEN NAME</b> <i>Johanna M. —</i>	<b>14. NAME OF HUSBAND OR WIFE</b> <i>Jessie O. Allen</i>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <i>No</i>	<b>16. SOCIAL SECURITY NO.</b> <i>Unknown</i>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <i>Jessie O. Allen</i>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary heart of pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 hrs</i>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	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. <i>157X</i>
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <i>Jan 30, 1954</i> , to <i>Mar 7, 1954</i> , that I last saw the deceased alive on <i>Mar 4, 1954</i> , and that death occurred at <i>8:30 am.</i> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <i>Daniel P. Hogan</i> (Degree or title)		<b>23b. ADDRESS</b> <i>801 1/2 W 39th St KC Mo</i>	<b>23c. DATE SIGNED</b> <i>Mar 7-54</i>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <i>Burial</i>	<b>24b. DATE</b> <i>3/10/54</i>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <i>Calvary Cemetery</i>	<b>24d. LOCATION</b> (City, town, or county) (State) <i>Texas City, Mo.</i>
<b>DATE REC'D BY LOCAL REG.</b> <i>3-8-54</i>	<b>REGISTRAR'S SIGNATURE</b> <i>Sheraldine Smith</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Wendy M. Elley</i> ADDRESS <i>87th - K.C., Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

Ben Hagan  
3925 Terminal

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 *Arthur E. Hook*.....

Licensed Embalmer No. *4912*.....

P. O. Address *F. C. No.*.....

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.