

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11946**
1449

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
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. Is 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 4243 Montgall				e. STREET ADDRESS 4243 Montgall (If rural, give location) 3618 0					
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET			b. (Middle) C.		c. (Last) ALLEN		4. DATE OF DEATH (Month) (Day) (Year) 3 31 54		
5. SEX Fe		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 10-27-1866		9. AGE (In years last birthday) 87 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home			10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo. 0			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Quinlan				13b. MOTHER'S MAIDEN NAME Catherine Wall		14. NAME OF HUSBAND OR WIFE Michael R. 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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert F. Allen 703 E. 10th.				
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* Chronic Granular Glaucoma 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 Labar Pneumonia 5921-100k						INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>1-29</u> , 1954, to <u>3-31</u> , 1954, that I last saw the deceased alive on <u>3-31</u> , 1954, and that death occurred at <u>1:45 Pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE Allen L. Hearst (Degree or title) MD				23b. ADDRESS 1100 Prof. Bldg.				23c. DATE SIGNED 4-1-54	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 4-3-54		24c. NAME OF CEMETERY OR CREMATORY Mt. St. Mary's		24d. LOCATION (City, town, or county) (State) Kansas City Mo.			
DATE REC'D BY LOCAL REG. 4-1-54		REGISTRAR'S SIGNATURE Sheraldine Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagner Funeral Home, K 6 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 *A. R. Haunschild*

Licensed Embalmer No. *41*

P. O. Address *K.C. 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.