

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12297

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 131

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 OR TOWN <u>Independence</u>)		c. LENGTH OF STAY (in this place) <u>59 yrs</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. CITY OR TOWN <u>Independence</u>		e. STREET ADDRESS (If rural, give location) <u>122 E. College</u> <u>700</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 122 E. College</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pauline</u>		b. (Middle) <u>Allen</u>	c. (Last) <u>Allen</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>April 7, 1954</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Apr. 23, 1894</u>
9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired cashier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>department store</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Independence, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Jesse Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Barksdale</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>490-09-1508</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Kate A. Luff, Independence, Mo.</u>
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) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u>		<u>chronic</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>General atherosclerosis</u>		<u>chronic</u>	
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 <u>4201</u>		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) m.	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>Sept</u> , 1950, to <u>April 7</u> , 1954, that I last saw the deceased alive on <u>March 8</u> , 1954, and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. H. Heckerion</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Independence Mo 129 W. Lexington</u>	23c. DATE SIGNED <u>Apr 8 - 54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4/10/54</u>	24c. NAME OF CEMETERY OR CREMATORY: <u>Woodlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-10-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Independence, Mo.</u>

(Licensed Emballer's Statement on Reverse Side)

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

OCT 24 1955
DEC 19 1957

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 *Howard C. Simpson*

Licensed Embalmer No... *42* ..
702 Chestnut St
P. O. Address... *J. C. M.* ..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.