

FILED MAY 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15715

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 199 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. 2077 | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo 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) 12 yrs | | c. CITY OR TOWN Kansas City | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Independence A ve & Brighton | | | | e. STREET ADDRESS (If rural, give location) 4830 E 6th St., 3198 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Rollin | | b. (Middle) Clark | | c. (Last) Allen | | 4. DATE OF DEATH (Month) (Day) (Year) 5/8/54 | |
| 5. SEX Male 0 | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 0 | | 8. DATE OF BIRTH 11/13/37 1936 | |
| 9. AGE (In years last birthday) 17 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student | | 10b. KIND OF BUSINESS OR INDUSTRY no | | 11. BIRTHPLACE (City and State or Foreign Country) St Louis, Mo. 0 | |
| 11. BIRTHPLACE (City and State or Foreign Country) St Louis, Mo. 0 | | 12. CITIZEN OF WHAT COUNTRY? U. S. | | 13a. FATHER'S NAME Benjamin Franklin Allen | | 13b. MOTHER'S MAIDEN NAME Emily Schems | |
| 13a. FATHER'S NAME Benjamin Franklin Allen | | 13b. MOTHER'S MAIDEN NAME Emily Schems | | 14. NAME OF HUSBAND OR WIFE no | | | |
| 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. 492-38-7375 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Benjamin F. Allen, 4830 E 6 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Rotting fish Exam showed</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>cyanide poisoning</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH E9718 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>suicide</i> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.) <i>street</i> | | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <i>Kansas City Jackson Mo</i> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>5-8-54</i> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <i>Knock Poison</i> | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <input checked="" type="checkbox"/> alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Geo. C. Reinhofer (Degree or title) | | | | 23b. ADDRESS 4050 Broadway Kansas | | 23c. DATE SIGNED 5-8-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 5/11/54 | | 24c. NAME OF CEMETERY OR CREMATORY Green Lawn | | 24d. LOCATION (City, town, or county) (State) Kansas City, Mo. | |
| DATE REC'D BY LOCAL REG. 5-10-54 | | REGISTRAR'S SIGNATURE Geraldine Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P. Sheil, K. X. Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 28 1954

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 John B. J. Gaerner Jr. Student Embalmer No. 49 working under my personal supervision.

Student John B. J. Gaerner Jr.
Signature of Student Embalmer

Signed Richard E. Carroll

Licensed Embalmer No. 482

P. O. Address K. C. In

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.