

FILED OCT 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34243

State File No. _____

 BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 398

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 OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (if this place) <u>4 days</u>		d. Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>		STREET ADDRESS (If rural, give location) <u>814 Anderson Rd. 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>T.</u> c. (Last) <u>Allen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-14-1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug-16-1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance - electric</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>	11. BIRTH PLACE (City and State; Foreign Country) <u>St Joseph, Ind Canada</u>
12a. FATHER'S NAME <u>James A. Allen</u>		12. CITIZEN OF WHAT COUNTRY? <u>Canada</u>	
13a. MOTHER'S MAIDEN NAME <u>Sarah E. Burbridge</u>		NAME OF HUSBAND OR WIFE <u>Ida E. Allen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>368-05-3466</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ida E. Allen</u>		ADDRESS <u>Indep. 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	ANTECEDENT CAUSES <u>Disease Auricular Flutter</u>		
	Morbidity 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. <u>Congestive Heart Failure Weeks</u> <u>Pneumonitis (tuberculous?) weeks</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4200A</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Oct. 6, 1954, to Oct. 14, 1954, that I last saw the deceased alive on Oct. 14, 1954, and that death occurred at 10:55A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. H. Grosbeck, M.D.</u>		23b. ADDRESS <u>Independence, Mo.</u>		23c. DATE SIGNED <u>10/14/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 16, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wood Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Independence, MO</u>	
DATE REC'D BY LOCAL REG. <u>10-16-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland K. Sparks</u>	ADDRESS <u>Indep, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 *R. Kenneth Patterson*

Licensed Embalmer No. *467*

P. O. Address *Indep. 7*

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.