

FILED JUL 8 - 1955

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18495

BIRTH NO. 43443-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2614

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 10 minutes	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland Park	
		d. STREET ADDRESS (If rural, give location) 7614 Hemlock	
3. NAME OF DECEASED (Type or Print) a. (First) GERARD b. (Middle) LEE c. (Last) ALLEN		4. DATE OF DEATH (Month) (Day) (Year) June 19, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child	8. DATE OF BIRTH June 19, 1955
9. AGE (In years last birthday)		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) child		10b. KIND OF BUSINESS OR INDUSTRY child	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME A. Hal Allen	
13b. MOTHER'S MAIDEN NAME Anne Schreatter		14. NAME OF HUSBAND OR WIFE child	
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 A. Hal Allen		ADDRESS 7614 Hemlock	
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) Pending Post Mortem report show. INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES DUE TO (b) massive broncho pneumonia DUE TO (c) General septicemia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General septicemia, massive mesenteric & large bowel hemorrhage, protracted labor.	
19a. DATE OF OPERATION 6/19/55	19b. MAJOR FINDINGS OF OPERATION Caesarian Section.		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 6/19 , 19 55 , to 6/19 , 19 55 , that I last saw the deceased alive on 6/19 , 19 55 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE P. J. O'Connell		23b. ADDRESS 327 Argyle Bldg. K.C. Mo/20-55	
23c. DATE SIGNED 6/20-55		23d. SIGNATURE OF REGISTRAR Neva Marshall	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/20/55	
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.		24d. LOCATION (City, town, or county) (State) Johnson Co. Ks.	
25. DATE REC'D BY LOCAL REG. 6-20-55		25. FUNERAL DIRECTOR'S SIGNATURE Geo. F. Porter & Sons K.C. Ks.	

(Licensed Embalmer's Statement on Reverse Side)

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

MS 0461

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
Student Embalmer

Signed Howard L. Porter

Licensed Embalmer No. 3751

P. O. Address 19th & Minnesota

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 this body is not embalmed, fact should be so stated above.