

26584

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 337
Registrar's No. 337

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

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 OR TOWN INDEPENDENCE		c. CITY OR TOWN INDEPENDENCE	
d. FULL NAME OF HOSPITAL OR INSTITUTION INDEP. SAN. & HOSP.		STREET ADDRESS (If rural, give location) 1110 W. COLLEGE	

3. NAME OF DECEASED (Type or Print) a. (First) Laverne b. (Middle) R. c. (Last) ALLEN			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 4, 1955		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Jan. 6, 1906	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Mgr.	10b. KIND OF BUSINESS OR INDUSTRY Blue Cross & Blue	11. BIRTHPLACE (City and State or Foreign Country) Holden, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Arthur Allen	13b. MOTHER'S MAIDEN NAME Jessiz Bayne	14. NAME OF HUSBAND OR WIFE Susan Allen
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. 486-03-0671	17. INFORMANT'S SIGNATURE OR NAME Susan Allen	ADDRESS 1110 W. COLLEGE
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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) Coronary Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic changes		
	DUE TO (c)		
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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Gwen Beal, Deputy Coroner</i>	23b. ADDRESS 6617 Prospect St. Cass	23c. DATE SIGNED 9-4-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 6, 1955	24c. NAME OF CEMETERY OR CREMATORY Mount Grove	24d. LOCATION (City, town, or county) (State) Independence, Missouri
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DATE REC'D BY LOCAL REG. 9-6-55	REGISTRAR'S SIGNATURE <i>J. Neal</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Gwen Beal</i>	ADDRESS
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(Licensed Embalmers' Statement on Reverse Side)

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

No. 300
10.48/

MAR 9 1958

MAR 9 1958

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.....
Richard L. Kepley

Licensed Embalmer No..... 42

P. O. Address.....
Andes

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.