

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40422

State File No.

FILED JAN 11 1956

5526

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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| 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 (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | c. LENGTH OF STAY (In this place) unknown | 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 General # 1 D.O.A. | | e. STREET ADDRESS (If rural, give location) 911 Penn | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Allen c. (Last) Blank | | | 4. DATE OF DEATH (Month) (Day) (Year) 12-19-55 | | |
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|---------------------|--------------------------------|--|-----------------------------------|--|---------------------------|-------------------------|--------------------------|-------------------------|
| 5. SEX Fe | 6. COLOR OR RACE Wh. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH 7-1-14 | 9. AGE (In years last birthday) 41 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 MRS. Hours | IF UNDER 1 MRS. Min. |
|---------------------|--------------------------------|--|-----------------------------------|--|---------------------------|-------------------------|--------------------------|-------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator | | 10b. KIND OF BUSINESS OR INDUSTRY Men's Clothing | | 11. BIRTHPLACE (City and State or Foreign Country) Spring Creek, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
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| 13a. FATHER'S NAME Thomas F. Allen | | 13b. MOTHER'S MAIDEN NAME Margaret Webb | | 14. NAME OF HUSBAND OR WIFE Ralph W. Blank | |
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| 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. unk. | 17. INFORMANT'S SIGNATURE OR NAME Mrs. John King Gashland, Mo. | | ADDRESS | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pending Severe toxemia | | DUPLICATE TO (b) Toxic myocarditis | | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | DUPLICATE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | 431X |

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| 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) (Min.) | 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 D.O.A., 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.

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| 23a. SIGNATURE B.I. Burns (Degree or title) | | 23b. ADDRESS 24 & Cherry | 23c. DATE SIGNED 12-19-55 |
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| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) | 24b. DATE 12/22/55 | 24c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery | 24d. LOCATION (City, town, or county) (State) Booneville, Mo. |
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| DATE REC'D BY LOCAL REG. 12-20-55 | REGISTRAR'S SIGNATURE Meva Marshall | 25. FUNERAL DIRECTOR'S SIGNATURE Thatcher Matney | | ADDRESS Booneville, Mo. |
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Via Sedmenis

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

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..... *John R. Duda*
Licensed Embalmer No. *45*
P. O. Address *Kansas*

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.