

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3835

State File No.

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 181	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) Lifetime		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital				e. STREET ADDRESS (If rural, give location) 721 S. 19th Street			
3. NAME OF DECEASED (Type or Print) a. (First) Grace		b. (Middle) Frances		c. (Last) Allen		4. DATE OF DEATH (Month) (Day) (Year) February 14, 1956.	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married-		8. DATE OF BIRTH October 16, 1907	
9. AGE (In years last birthday) 48		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembly Line		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembly Line		10b. KIND OF BUSINESS OR INDUSTRY Noma Lites, Inc.		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Sollars		13b. MOTHER'S MAIDEN NAME Elizabeth Palmer		14. NAME OF HUSBAND OR WIFE A. W. (Ted) Allen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-07-5738		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. A. W. (Ted) Allen St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Art. Disease</u> 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 <u>Several hrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☒ NO ☐	
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. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11-26</u> , 19 <u>56</u> , to <u>2-14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2-14</u> , 19 <u>56</u> , and that death occurred at <u>12:30 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>Robert M. Kieber, M.D.</u>				23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>2-15-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 17, 1956		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.	
DATE REC'D BY LOCAL REG Feb 20, 1956		REGISTRAR'S SIGNATURE <u>Gordon M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Muerhoffer - Freeman</u> St. Joseph, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 28 1956

APR 9 1956

JAN 16 1957

APR 18 1957

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.....
Edward R. Harrington

Licensed Embalmer No... 3258...

P. O. Address... St. Joseph, Mo.

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.