

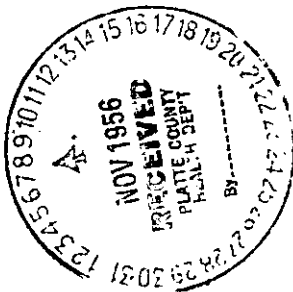
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **35035**

FILED NOV 14 1956

BIRTH NO. _____		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 6861		Registrar's No. 53	
1. PLACE OF DEATH a. COUNTY PLATTE (Mo. River)				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Leavenworth			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee JWD		c. LENGTH OF STAY (in this place) TOWNSHIP _____		c. CITY OR TOWN Leavenworth		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI RIVER				e. STREET ADDRESS (If rural, give location) 208 E. Santa Fe			
3. NAME OF DECEASED (Type or Print) a. (First) JEREMIAH b. (Middle) "JERRY" c. (Last) ALLEN		4. DATE OF DEATH (Month) (Day) (Year) Oct. 13, 1956		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 6, 1934		9. AGE (In years last birthday) 22		10. IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crane Operator Helper		10b. KIND OF BUSINESS OR INDUSTRY Mo. Valley Ship Yards		11. BIRTHPLACE (City and State or Foreign Country) Leavenworth, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Walter E. Allen, Sr.		13b. MOTHER'S MAIDEN NAME Beatrice McCaulley		14. NAME OF HUSBAND OR WIFE Shirley J. Allen			
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. NO		17. INFORMANT'S SIGNATURE OR NAME Walter E. Allen, Sr. Leavenworth, Kans.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DROWNING ANTECEDENT CAUSES Morbid 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. Body Recovered Oct. 29, 1956.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		9299 42		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR? 083	
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"/>					
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 Coland M. Goffe, Coroner		(Degree or title) 3		23b. ADDRESS Platte City, Mo.		23c. DATE SIGNED 10-29-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-29-1956		24c. NAME OF CEMETERY OR CREMATORY Leavenworth, Kansas		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 10-29-56		REGISTRAR'S SIGNATURE B. Phila. Roelins		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Larkin Funeral Home Leav. K.			

(Licensed Embalmer's Statement on Reverse Side)

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



6561 22 831

6561 22 831

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 Not Embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. L. Larkin.....

Licensed Embalmer No. 186

P. O. Address Leavitt

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.