

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1186

STATE FILE NUMBER

FILED FEB 4 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 111A

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Hosp. # 1			Length of stay in lb 48 years		d. STREET ADDRESS 3733 College (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) Walter F. Allen				4. DATE OF DEATH Month Jan. Day 8 Year 1957									
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH December 2, 1894		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired machinist				10b. KIND OF BUSINESS OR INDUSTRY Mo. Pacific R.R.		11. BIRTHPLACE (City and state or country) Leadalia Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.					
13. FATHER'S NAME Edgar F. Allen				14. MOTHER'S MAIDEN NAME Minnie Morgan									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Rena Allen - 3733 College St. Mo.							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Portne hemorhage + subarachnoid Undetermined pending further investigation on hemorhage										INTERVAL BETWEEN ONSET AND DEATH 331 X			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE		
21. I attended the deceased from Jan. 4, '57 to Jan. 8, '57 and last saw him alive on Jan. 8, '57 Death occurred at 12:45 am on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE B. I. Burns M. D. (Degree or title)						22b. ADDRESS 24th & Cherry Sts.			22c. DATE SIGNED 1/8/57				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Jan 10, 1957		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery				23d. LOCATION (City, town, or county) (State) Kansas City Mo.					
24. FUNERAL DIRECTOR Wilke Funeral Home ADDRESS 2315 Pinewood				25. DATE RECD. BY LOCAL REG. 1-10-57		26. REGISTRAR'S SIGNATURE Irene Minshel							

(Licensed Embalmer's Statement on Reverse Side)

Director, coroner, etc. must use only standard nomenclature in item 10. No symptoms or diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
B. I. Burns

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-56

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 *Chas E. Wilks*

Licensed Embalmer No. *264*

P. O. Address *KCMO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.