

FILED NOV 1 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35637

STATE FILE NUMBER

4680

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

S. 300  
v. 1-57

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Kansas City</b>           |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>Kansas City</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                     |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Gen'l Hosp. #1</b> |  | Length of stay in lb <b>28 yrs.</b>  | d. STREET ADDRESS (If outside, give location)<br><b>601 E. 8</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

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|--|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Alice</b> Middle Last <b>Allen</b> |  |  | 4. DATE OF DEATH<br>Month <b>10</b> Day <b>3</b> Year <b>1957</b> |  |  |  |
|--|--|--|---|--|--|--|

|                      |                               |   |                                   |   |  |                                 |
|----------------------|-------------------------------|---|-----------------------------------|---|--|---------------------------------|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>5-12-1888</b> | 9. AGE (In years last birthday) <b>69</b> | 10. UNDER 1 YEAR<br>Months Days Hours Min. | 11. UNDER 24 HRS.<br>Hours Min. |
|----------------------|-------------------------------|---|-----------------------------------|---|--|---------------------------------|

|  |  |  |   |
|--|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired))<br><b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b> | 11. BIRTHPLACE (City and state or country)<br><b>Marshall, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b> |
|--|--|--|---|

|                    |  |  |
|--------------------|--|--|
| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME<br><b>Shurke</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Fred Allen</b> |
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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) | 16. SOCIAL SECURITY NO.<br><b>495-03-2112</b> | 17. INFORMANT<br><b>Hoop Recorder &amp; c. m. s.</b> | Address |
|---|---|--|---------|

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|---|------------|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Chronic pulmonary emphysema</b> |            | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) | <b>5271</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?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour Month, Day, Year<br>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 <b>Oct. 1, 1957</b> to <b>Oct. 3, 1957</b> and last saw her alive on <b>Oct. 3, 1957</b><br>Death occurred at <b>6:10 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |
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|   |  |                                    |
|---|--|------------------------------------|
| 22a. SIGNATURE<br><i>B. I. Burns M.D.</i> (Degree or title) | 22b. ADDRESS<br><b>24th &amp; Cherry</b> | 22c. DATE SIGNED<br><b>10-1-57</b> |
|---|--|------------------------------------|

|  |                             |   |  |
|--|-----------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Anatomical</b> | 23b. DATE<br><b>10-8-57</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>K.C. College of Arts</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Mo.</b> |
|--|-----------------------------|---|--|

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|---|---|---|
| 24. FUNERAL DIRECTOR<br><b>Weiler's: 2332 Monitor Pl. KC Mo</b> | 25. DATE RECD. BY LOCAL REG.<br><b>10-10-57</b> | 26. REGISTRAR'S SIGNATURE<br><i>neva Minshall</i> |
|---|---|---|

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

B. I. Burns

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



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 \_\_\_\_\_

Licensed Embalmer No. 4075

P. O. Address K.C. 8, 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.

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