

FILED NOV 20 1957

STANDARD CERTIFICATE OF DEATH

40174

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 48995. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Childrens Mercy Hospital</u>			Length of stay <u>2 days</u>		STREET ADDRESS (If outside, give location) <u>2508 Wabash</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Terence</u> Middle <u>Lynn</u> Last <u>Allen</u>				4. DATE OF DEATH Month <u>10</u> Day <u>21</u> Year <u>57</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>9-4-57</u>		9. AGE (In years last birthday) F UNDER 1 YEAR: Months <u>1</u> Days <u>17</u> IF UNDER 24 HRS.: Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		11. BIRTHPLACE (City and state or country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Jesse Milton Allen</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wilson</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Mrs. Elizabeth Allen 2508 Wabash Kansas City Mo</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Confluent bronchial pneumonia</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Malnutrition and dehydration</u>					3 wk		
		DUE TO (c) <u>Diarrhea unspecified</u>					3 wks +		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>57/0</u>							19. WAS AUTOPSY PERFORMED? 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 Hour <u></u> Month, Day, Year a.m. <u></u> p.m. <u></u>									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <u>Oct 13, 1957</u> to <u>Oct 21, 1957</u> and last saw him alive on <u>Oct 21, 1957</u> Death occurred at <u>4:45</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Wayne Hart M.D.</u> (Degree or title)				22b. ADDRESS <u>Mercy Hospital</u>				22c. DATE SIGNED	
23a. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE <u>10/24/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Lawn</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			
24. FUNERAL DIRECTOR <u>E. Stehling/Kills, 1712 Vine</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>10-23-57</u>		26. REGISTRAR'S SIGNATURE <u>Diana Minshall</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Wayne Hart

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.

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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 Signed *E. Sterling Bills*
Signature of Student Embalmer

Licensed Embalmer No. *3178*

P. O. Address *12122 Line*
W. Va.

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.