

No. 104-58
 32786-87
 Filed JUL 11 1958
 300-56
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Leroy Haugh
 Registrar
 Diseases in Part I must be casually related. Carer cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-021784
 STATE FILE NUMBER

149 Primary Registration District No. 1002 Registrar's No. 2819

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		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF THE WORLD LIFE		d. STREET ADDRESS (If outside, give location) 3030 Garfield	

3. NAME OF DECEASED (Type or print) First Middle Last GREGORY WAYNE ALLEN			4. DATE OF DEATH Month Day Year MAY 30, 1958		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 22, 1958	9. AGE (In years last birthday) 8	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Glee kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas City, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME WALTER HENRY ALLEN			14. MOTHER'S MAIDEN NAME ELSIE CALVIN		
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. none	17. INFORMANT Address Walter Allen 3030 Garfield		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity due to immaturity, 8 days Bronchiole Pneumonia 24 hrs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 24 hrs 9635
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 5/22/58 to 5-30-58 and last saw her alive on 5-30-58 . Death occurred at 11:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Leroy Haugh MD		22b. ADDRESS 2200 E 18th	22c. DATE SIGNED 6/4/58		

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 6-13-58	23c. NAME OF CEMETERY OR CREMATORY Linncoln	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
24. FUNERAL DIRECTOR ADDRESS WATKINS Bros. Funeral Hm. 15th & Benton	25. DATE RECD. BY LOCAL REG. 6-4-58	26. REGISTRAR'S SIGNATURE newa Minshall			

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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 _____
Signature of Student Embalmer

Signed Bruce R. Watten

Licensed Embalmer No. 4

P. O. Address 18th Y

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.