

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028246

STATE FILE NUMBER

FILED AUG 25 1958

Registration District No.

42

Primary Registration District No.

1000

Registrar's No.

889

5. 300
1-57

any other, ever, use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Joseph TOWN St. Joseph		c. CITY OR TOWN Kansas City 3318	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital		d. STREET ADDRESS (If outside, give location) 1715 N. 38th Street	
3. NAME OF DECEASED (Type or print) First Ernest Middle W. Last Allen		4. DATE OF DEATH Month August Day 15 Year 1958	
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 March 10, 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Supt.- Ed. Public Utilities- K.C., Ks.		11. BIRTHPLACE (City and state or country) Marshfield, Mo.	
13a. FATHER'S NAME Unknown		14. NAME OF HUSBAND OR WIFE Martha Ann 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. 515-36-9152	
17. INFORMANT Butler Funeral Home.		Address Kansas City, Kansas.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Acute Coronary Insufficiency DUE TO (b) Acute Gastro-Intestinal Hemorrhage DUE TO (c) 4 hours			INTERVAL BETWEEN ONSET AND DEATH 3 hours
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 type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Swannah, Mo.	
20g. COUNTY Swannah, Mo.		20h. STATE Mo.	
21. I attended the deceased from 8-15-58 8:30 AM to 8-15-58 10:40 AM and last saw him alive on 8-15-58 Death occurred at 10:40 P. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (License or title) Arthur B. Kelley M.D.	
22b. ADDRESS Swannah, Mo.		22c. DATE SIGNED 8-18-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Aug. 16, 1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Kansas.
24. FUNERAL DIRECTOR McClurg & Son St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Aug 19, 1958	26. REGISTRAR'S SIGNATURE Mr. Clark Goodell

SEP 2 1958

AUG 27 1958

AUG 23 1958

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 *Eric J. Cheney*

Licensed Embalmer No. 4679

P. O. Address St. Joseph, 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.