RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–032186
STATE FILE NUMBER

FILED VS SEP 25 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4445

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 35 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3711 E. 11th Street
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3600 East 11th St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ida Middle: Mae Last: Allen
4. DATE OF DEATH: Month: Sept. Day: 13 Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 5-28-1878
9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (City and state or country): Eldon, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Simmons
13b. MOTHER'S MAIDEN NAME: Martha —
14. NAME OF HUSBAND OR WIFE: Jack K. Allen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 496-09-0775
17. INFORMANT: Clifford Simmons Address: 11206 Elmwood Ct. Nickerson, Nebr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebrovascular Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 July 25-59, 30, to Sept 13-59 and last saw her/him alive on Sept 12-59
Death occurred at 6 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert F. Goodwin M.D.
22b. ADDRESS: 5239 Catalina K.C. 3, Kan.
22c. DATE SIGNED: 9-14-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-15-59
23c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah Cem.
23d. LOCATION (City, town, or county) (State): Kansas City, Mo.
24. FUNERAL DIRECTOR: C. H. Blackmun & Son Inc. ADDRESS: K.C. Mo.
25. DATE RECD. BY LOCAL REG.: 9-14-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Robert F. Goodwin DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W. C. Rennie

Signature of Student Embalmer

Licensed Embalmer No. 4879

P. O. Address K.C. Mo,

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