

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001356

FILED VS FEB 4 1960 149

385

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 1022 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>11 yrs</u>	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>St. Mary's Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>350 E. Armour</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Louise</u> Middle _____ Last <u>Allen</u>			4. DATE OF DEATH Month <u>1</u> Day <u>23</u> Year <u>1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>2-22-1918</u>	9. AGE (last birthday) <u>41</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Comp. Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Interstate Bakery</u>	11. BIRTHPLACE (City and state or country) <u>East Burlington, Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Carroll Mont Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Stervart</u>		14. NAME OF HUSBAND OR WIFE <u>James Allen</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>352-07-8370</u>		17. INFORMANT Address <u>Mrs. Beverley Manning 2036 Brighton K.C.</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) squamous cell carcinoma INTERVAL BETWEEN ONSET AND DEATH 6 mo. +

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)

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 _____ Month, Day, Year _____
a.m. _____ p.m. _____

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 8-20-59 to 1/23/60 and last saw her/him alive on 1/22/60
Death occurred at 4 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
James R. McVay M.D.

22b. ADDRESS
814 V.F.W. Bldg.

22c. DATE SIGNED
1/23/60

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
1-25-1960

23c. NAME OF CEMETERY OR CREMATORY
Greenlawn Cemetery

23d. LOCATION (City, town, or county) (State)
Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS
Mellody-McGilley-Eylar 20 W. Linwood

25. DATE RECD. BY LOCAL REG.
1-23-60

26. REGISTRAR'S SIGNATURE
James R. McVay

K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF James R. McVay

Dr.

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 _____
Signature of Student Embalmer

Signed John H. Brown

Licensed Embalmer No. 2929

P. O. Address KC Mo

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