

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001357

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Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 168 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> APP. Length of stay in 1b <u>81 years</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Marys Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (if outside, give location) <u>15 E. 49th St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Ola</u> Middle <u>Anderson</u> Last <u>Allen</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>10</u> Year <u>60</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 checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 2- 1878</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cashier (Ret.)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>v</u>		11. BIRTHPLACE (City and state or country) <u>Grandview, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Alvin A. Anderson</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Fagg</u>		14. NAME OF HUSBAND OR WIFE <u>Perry Settle Allen</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u> - - </u>	17. INFORMANT Address <u>Perry Allen 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>Carcinoma of left Ovary</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>with generalized metastasis</u> DUE TO (c) <u> </u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 Mon</u>		
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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 <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u>		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 <u>Jan 12, 1957</u> to <u>Jan 9, 1960</u> and last saw her/him alive on <u>Jan-9-60</u> Death occurred at <u>4:00 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>			22b. ADDRESS <u>409 East 63rd, K.C.Mo.</u>		22c. DATE SIGNED <u>1-11-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Jan. 12-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Liberty Mo.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Stine & McClure Kansas City, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>1-12-60</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Bennett

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 J. S. Walton

Licensed Embalmer No. 2744

P. O. Address K.C. Mo

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