

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH **FILED VS APR 14 1960**

60-012136

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Unionville</u>		c. CITY OR TOWN <u>Unionville</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Ambulance on street</u>		d. STREET ADDRESS (If outside, give location) <u>city</u>	
Length of stay in lb <u>Life</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Kenneth Perry Allen</u>			4. DATE OF DEATH Month <u>Apr.</u> Day <u>4</u> Year <u>1960</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-17-14</u>	9. AGE (last birthday) <u>45</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Extra work</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Putnam Co. Mo.</u>		
11. BIRTHPLACE (City and state or country) <u>US</u>			12. CITIZEN OF WHAT COUNTRY <u>US</u>		
13a. FATHER'S NAME <u>Lorence Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Vercen</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Allen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>486-12-7036</u>		
17. INFORMANT <u>Helen Allen-Unionville, Mo.</u>			Address		

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>COTTON RY OCCCLUSION</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
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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 type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____			
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>APR 11 3:11 PM</u> to <u>APR 11 4:18 PM</u> and last saw him alive on <u>APR 11 4 1960</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>N.W. Galloway D.O.</u>		(Degree or title)		22b. ADDRESS <u>Unionville, Mo.</u>		22c. DATE SIGNED <u>4/5/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>4-6-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Friendship Cem.</u>		23d. LOCATION (City, town, or county) <u>Putnam Co. Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>F.O. Husted & Son-Unionville, Mo.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>4-5-60</u>		26. REGISTRAR'S SIGNATURE <u>Marvill Durbin</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Murl E. Husted

Licensed Embalmer No. 3307

P. O. Address Monroville

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.