

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026698

FILED VS JUL 26 1960

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3435

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 44 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF THE WORLD HOSPITAL		d. STREET ADDRESS (If outside, give location) 4303 BENTON	
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) First JAMES Middle VERNON Last ALLEN			4. DATE OF DEATH Month JUNE Day 29 Year 1960
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	9. AGE (last birthday) 60 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUTCHER		10b. KIND OF BUSINESS OR INDUSTRY Swift & Co.	11. BIRTHPLACE (City and state or country) Leavenworth, Kans.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Robert Allen	
13b. MOTHER'S MAIDEN NAME Gertrude Gaines		14. NAME OF HUSBAND OR WIFE Helen 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. 510-07-4545	
17. INFORMANT HELEN ALLEN, wife		Address 4303 Benton Blvd, KCMO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ABSCESS OF THE LESSER OMENTAL CAVITY, EMPYEMA OF THE LEFT SIDE & EXTENSIVE PERITONEAL ADHESIONS DUE TO (b) PREVIOUS TOTAL GASTRECTOMY, SPLENECTOMY WITH DUE TO (c) ESOPHAGOJEJUNAL ANASTOMOSIS BECAUSE OF ADENOCARCINOMA PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BROWN ATROPHY OF THE MYOCARDIUM & LIVER: EMACIATION			INTERVAL BETWEEN ONSET AND DEATH
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			
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 _____ 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>4-28-60</u> to <u>6-29-60</u> and last saw her/him alive on <u>6-29-60</u> . Death occurred at <u>10:30 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Bruce P. Mc Donald MD</i>		22b. ADDRESS <u>2604 Prospect</u>	
22c. DATE SIGNED <u>30 July 60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-2-60	23c. NAME OF CEMETERY OR CREMATORY Mt. St. Mary's Cemetery	23d. LOCATION (City, town or county) (State) Kans. City, Missouri
24. FUNERAL DIRECTOR WATKINS BROS. FUNERAL HOME		ADDRESS 18th & Benton	25. DATE RECD. BY LOCAL REG. 7-1-60
		26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i>	

DOCUMENT

BY AFFIDAVIT OF
Bruce P. Mc Donald
MEDICAL CERTIFICATION

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 Bruce R. Water

Licensed Embalmer No. 4570

P. O. Address 18th & Be

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.