

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 6 1960

-60-034124
STATE FILE NUMBER

Registration District No. 5-9 Primary Registration District No. 4097 Registrar's No. 170

| | | | | | | | | |
|---|---|---|--|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Cass | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cass | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harris onville | | Length of stay in 1b 9 hours | | c. CITY OR TOWN Raymore Township | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Harrisonville Memorial Hosp | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 1 1/2 South Raymore | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First George Middle Harold Last Allen | | | | 4. DATE OF DEATH Month Sept. Day 26 Year 1960 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 5/6/1897 | 9. AGE (last birthday) 63 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/> | IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | 10b. KIND OF BUSINESS OR INDUSTRY Own Farm | | 11. BIRTHPLACE (City and state or country) Delavan Ill. | | 12. CITIZEN OF WHAT COUNTRY USA | | |
| 13a. FATHER'S NAME George E. Allen | | | 13b. MOTHER'S MAIDEN NAME Neelie Ray | | 14. NAME OF HUSBAND OR WIFE Crit Lane Allen | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I | | 16. SOCIAL SECURITY NO. 495-42-6582 | | 17. INFORMANT Mrs. G. H. Allen | | Address Belton, Mo. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction | | | | | | INTERVAL BETWEEN ONSET AND DEATH instant | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac Decompensation, severe | | | | | | 12 hrs. | | |
| DUE TO (c) Atherosclerosis | | | | | | | | |
| 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"/> N: <input type="checkbox"/> Unknown | | |
| 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 1950 to 9-26-60 and last saw ^{him} alive on 9-25-60 Death occurred at 6 A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE Edward S. Jones (Degree or title) M. D. | | | | 22b. ADDRESS Harrisonville, Missouri | | 22c. DATE SIGNED 9/27/1960 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 9/28/1960 | 23c. NAME OF CEMETERY OR CREMATORY Raymore Cemetery | | 23d. LOCATION (City, town, or county) Raymore, Mo. (State) | | | | |
| 24. FUNERAL DIRECTOR E. K. George & Sons ADDRESS Belton, Mo | | | 25. DATE RECD. BY LOCAL REG. Sept 28-1960 | | 26. REGISTRAR'S SIGNATURE Mrs. Ray Sebree | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 6 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard E. George

Licensed Embalmer No. 3958

P. O. Address Boston

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