

FEDERAL BUREAU OF INVESTIGATION
FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039097

FILED 13 NOV 9 1960

STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 4341 Registrar's No. 56

UNDECEASED

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bellflower</u>		Length of stay in 1b <u>6 Years</u>		c. CITY OR TOWN <u>Bellflower</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>Own Home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Florence K Allen</u>				4. DATE OF DEATH Month Day Year <u>Nov 2 1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>1-20-1885</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Duties</u>		11. BIRTHPLACE (City and state or country) <u>St Joseph Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John McNichols</u>			13b. MOTHER'S MAIDEN NAME <u>Lydia Chamberlin</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas C. 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>None</u>	17. INFORMANT Address <u>Thomas C Allen Bellflower 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, Right Kidney</u> <u>(Inoperable - 12-8-23-60)</u> DUE TO (b) <u>Metastasis to Peritoneum and intestinal tract.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>8-2-60</u> <u>6-1-60</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 type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>X</u>					
20c. TIME OF INJURY Hour <u>3:00</u> a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>						
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		20f. CITY, TOWN, OR LOCATION <u>X</u>		COUNTY		STATE	
21. I attended the deceased from <u>11-3-59</u> to <u>11-3-60</u> and last saw her/him live on <u>10-15-60</u> . Death occurred at <u>11-3-60</u> <u>3:30</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Physician or title) <u>Harry F O'Brien M.D.</u>				22b. ADDRESS <u>Merica, Missouri</u>			22c. DATE SIGNED <u>11/3/60</u> (Date)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 5, 60.</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		23d. LOCATION (City, town, or county) <u>Springfield, Ill.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Oland A. Jones, Bellflower, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11-4-60</u>	26. REGISTRAR'S SIGNATURE <u>Laura S Callaway</u>		

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence Jones

Licensed Embalmer No. 2978

P. O. Address Bell Glave

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.