

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=61-021154**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3041

STATE FILE NUMBER

AMENDED

**FILED JUL 5 1961**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
Length of stay in lb <b>7 yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4310 E. 9th St.</b>		d. STREET ADDRESS (If outside, give location) <b>4310 E. 9th St.</b>	
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 <b>BESSIE</b> Middle <b>LA DITHA</b> Last <b>ALLEN</b>			4. DATE OF DEATH Month <b>JUNE</b> Day <b>16</b> Year <b>1961</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-20-1883</b>	9. AGE (last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>DOMESTIC</b>		11. BIRTHPLACE (City and state or country) <b>SUGAR CREEK, MO.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>THOMAS SMITH</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA MARLOW</b>	
14. NAME OF HUSBAND OR WIFE <b>JESSE ALLEN - dec'd.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT <b>JOHN MUEHLEBACH, 4310 E. 9th St., K.C., Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Heart Block</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1-2 hrs</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Atherosclerosis</b>		DUE TO (c) <b>Hypertension</b>		<b>10 yrs.</b>	
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 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 <b>Kans. City, Jackson Mo</b>		

21. I attended the deceased from <b>Nov-4-1956</b> to <b>June 14-1961</b> and last saw her alive on <b>June 14-1961</b> Death occurred at <b>9:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>E. H. Mount D.O.</b>	22b. ADDRESS <b>512 Westman Bldg. K.C. Mo</b>	22c. DATE SIGNED <b>June 18 1961</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>6-19-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. WASHINGTON CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>INDEPENDENCE, MO.</b>
24. FUNERAL DIRECTOR <b>GEO. C. CARSON &amp; SONS, INDEPENDENCE, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>6-19-61</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>	

DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 W. Mount  
 ITEM NO. SHOULD READ

Dr. Charles Mount  
3102 Troost  
K.C. Permit

ALL DAY  
5:00 - NOON

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 Raymond F. Horner

Licensed Embalmer No. 4266  
P. O. Address Independence

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.