

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015076

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2348

2348

FILED MAY 14 1962

VS 300  
Rev. 4/59

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23438

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF  
Vincent T. Williams  
MEDICAL CERTIFICATION

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>   |   | Length of stay in 1b<br><b>38 yrs.</b>  | c. CITY OR TOWN <b>Kansas City</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>2819 Campbell</b>   |   | d. STREET ADDRESS (If outside, give location)<br><b>2819 Campbell</b>   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>Ida E. Allen</b>   |   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>April 28, 1962</b>  |
| 5. SEX<br><b>female</b>   | 6. COLOR OR RACE<br><b>white</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>1/3/1898</b>  |
| 9. AGE (last birthday)<br><b>64</b>   |   | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housewife</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>--</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Marysville, Kansas</b>  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>  |   | 13a. FATHER'S NAME<br><b>Albert Blaser</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Elizabeth Krebs</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Earl F. Allen</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |   | 16. SOCIAL SECURITY NO.<br><b>none</b>  | 17. INFORMANT<br><b>Earl F. Allen</b><br>Address<br><b>2819 Campbell</b>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carcinoma of stomach</b>   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 mo</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Carcinoma of stomach</b>   |   |   | <b>6 yrs</b>   |
| DUE TO (c)  |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input 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<br>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 <b>August 1955</b> to <b>April 28, 1962</b> and last saw her alive on <b>April 28, 1962</b><br>Death occurred at <b>2819 Campbell 9:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE<br><i>Vincent T. Williams M.D.</i> (Degree or title)   |   | 22b. ADDRESS<br><b>836 Argyle Bldg., Kansas City</b>  | 22c. DATE SIGNED<br><b>4-30-62</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>5/1/1962</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Crescent Hill Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Adrian, Missouri</b>   |
| 24. FUNERAL DIRECTOR<br><b>Earp &amp; Sons</b> ADDRESS<br><b>Kansas City, Missouri</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>4-30-62</b>  | 26. REGISTRAR'S SIGNATURE<br><i>Ruth Long</i>  |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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 William H. Egan

Licensed Embalmer No. 4728

P. O. Address W.C. Mo.

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.