MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-032046
STATE FILE NUMBER

Registration District No. 28.0 Primary Registration District No. 1002 Registrar's No. 4127

FILED AUG 28 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0838		
2	X0838		
3			
4	0		
5	0		
6			
7	0		
8	2		
9	162.1		
10			
11			
12	90-2		
13			

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF — DOCUMENT — MEDICAL CERTIFICATION

Donald M. Hayes

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 27 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Residence
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Platte
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Highland Drive — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: John Middle: Samuel Last: Allen Sr.

4. DATE OF DEATH: Month: August Day: 7 Year: 1962

5. SEX: Ma

6. COLOR OR RACE: Wh

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8-27-91

9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miller

10b. KIND OF BUSINESS OR INDUSTRY: Flour Mill

11. BIRTHPLACE (City and state or country): Smithville, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John S. Allen

13b. MOTHER'S MAIDEN NAME: Katie Callaway

14. NAME OF HUSBAND OR WIFE: Martha Fisher 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.: 486-07-7277

17. INFORMANT Address: Martha Allen Parkville, Mo. Rt.3

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): INANITION AND DEBILITATION — INTERVAL BETWEEN ONSET AND DEATH: 5 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CARCINOMATOSIS — MONTHS
DUE TO (c): BRONCHIOGENIC CARCINOMA — 2 YEARS

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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 ☐ NOT WHILE AT WORK ☐

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 6/27/61 to 8/9/62 and last saw her/him alive on 8/9/62
Death occurred at 10:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Donald M. Hayes, DO
22b. ADDRESS: 8325 N. Oak, K.C. 18, Mo.
22c. DATE SIGNED: 8/8/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-9-62
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
23d. LOCATION (City, town, or county) (State): Smithville, Missouri

24. FUNERAL DIRECTOR ADDRESS: McComas Funeral Home Smithville, Mo.
25. DATE RECD. BY LOCAL REG.: 8-10-62
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, 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.