

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032046

STATE FILE NUMBER

Registration District No. 280 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

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2 X0838

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Donald M. Hayes MEDICAL CERTIFICATION

| | | | | |
|---|---|---|--|-----------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Platte</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | Length of stay in 1b <u>27 Years</u> | c. CITY OR TOWN <u>Kansas City</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>Residence</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Highland Drive</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Samuel</u> Last <u>Allen Sr.</u> | | | 4. DATE OF DEATH Month <u>August</u> Day <u>7</u> Year <u>1962</u> | |
| 5. SEX <u>Ma</u> | 6. COLOR OR RACE <u>Wh</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>8-27-91</u> | |
| 9. AGE (last birthday) <u>70</u> | | IF UNDER 1 YEAR Months <u>5</u> Days <u>mos</u> | IF UNDER 24 HR Hours <u>MONTHS</u> Min. <u>2 YEARS</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miller</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Flour Mill</u> | 11. BIRTHPLACE (City and state or country) <u>Smithville, Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>John S. Allen</u> | | |
| 13b. MOTHER'S MAIDEN NAME <u>Katie Callaway</u> | | 14. NAME OF HUSBAND OR WIFE <u>Martha Fisher 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. | 17. INFORMANT Address <u>Martha Allen Parkville, Mo. Rt. 3</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>INANITION AND DEBILITATION</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CARCINOMATOSIS</u> DUE TO (c) <u>BRONCHIOGENIC CARCINOMA</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 mos</u> <u>MONTHS</u> <u>2 YEARS</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 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 <u>10:15 P</u> a.m. <u>10:15 P</u> p.m. | Month, Day, Year <u>6/27/61</u> to <u>8/7/62</u> | and last saw <u>her</u> alive on <u>8/7/62</u> | | |
| 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 <u>Smithville, Missouri</u> | COUNTY <u>Platte</u> STATE <u>Missouri</u> | |
| 21. I attended the deceased from <u>6/27/61</u> to <u>8/7/62</u> and last saw <u>her</u> alive on <u>8/7/62</u> Death occurred at <u>10:15 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) <u>Donald M. Hayes, DO</u> | 22b. ADDRESS <u>8325 N. Oak, K.C. 18, Mo.</u> | 22c. DATE SIGNED <u>8/8/62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>8-9-62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Smithville, Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>McComas Funeral Home</u> | ADDRESS <u>Smithville, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>8-10-62</u> | 26. REGISTRAR'S SIGNATURE <u>Ruth Long</u> | |

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 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.