

FILED AUG 4 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124 69 0028448

## CERTIFICATE OF DEATH

DO NOT WRITE  
ON THIS STUBVS 300  
Rev. 1/68Registration District No. 149 Primary Registration District No. 102 Registrar's No. 4053

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Daisy Juanita ALLSWORTH					2. Female	3. July 24, 1969	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		5a. 60	5b. MOS.	5c. DAYS	6. Nov. 15, 1908		7a. Jackson
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Kansas City		7c. Yes		7d. Northeast Osteopathic Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri		9. USA		10. Widowed		11. -----	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 515-20-8513		13a. Secretary & Treasurer		13b. Neewel Luggage Mfg. Co.			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		
14a. Missouri		14b. Jackson	14c. Independence		14d. Yes		
					14e. 10712 East 24th Street		

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

## PARENTS

FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST
15. Jesse Allen Goins					16. Emma F. Cassity				
INFORMANT—NAME					MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Mrs. Patricia Organ					17b. 5212 N. Osage Kansas City, Mo.				

## CAUSE

PART I. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		(a) Inoperable intestinal obstruction		2 wks
DUE TO, OR AS A CONSEQUENCE OF:		(b) Generalized Metastatic Carcinoma of Gastrointestinal Tract		6 Mo
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(c) Carcinoma of Stomach		6-8 Mo
DUE TO, OR AS A CONSEQUENCE OF:				

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
		19a.	19b.

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c.	20d.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20e.	20f.	20g.	

CERTIFICATION—PHYSICIAN:	MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HER ALIVE ON	I DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. I ATTENDED THE DECEASED FROM	Jan		1969	TO	7-24-69		21c. 7-24-69	21d.	10A M.

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD	YEAR	HOUR
22a.		10 AM	22b. 7-24-69		10 AM

CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE	DATE SIGNED (MONTH, DAY, YEAR)
23a. M.W. HUFFMAN D.O.	M.W. Huffman D.O.	23c. 7-25-69
MAILING ADDRESS—CERTIFIER	STREET OR R.F.D.	CITY OR TOWN
23b. 5030 St John Ave	KANSAS CITY	MO 64123

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE
24a. Burial	24b. Mount Washington	24c. Independence	Missouri	

## BURIAL

DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24d. July 26, 1969	25a. Geo. C. Carson & Sons, Winner Rd. at Fuller, Indep., Mo.

FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
25b. [Signature]	26a. [Signature]	26b. 7-26-69

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

*Dr. M. W. Sullivan*  
5020 St. John  
H4 3-7007

2-6-2-9900

**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 *Dan Kern*

Licensed Embalmer No. 5196

P. O. Address K.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.