

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26740**
3259

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3259</u>			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MISSOURI Kansas				b. COUNTY JACKSON Wyandotte	
b. CITY OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 20		c. CITY OR TOWN KANSAS CITY		d. STREET ADDRESS 4320 CAMBRIDGE			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL									
3. NAME OF DECEASED a. (First) EUGENE		b. (Middle) H.		c. (Last) ALLEN		4. DATE OF DEATH JULY 30, 1950			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 19, 1899		9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) railroad machinist		10b. KIND OF BUSINESS OR INDUSTRY Missouri-Pacific		11. BIRTHPLACE (State or foreign country) Kingston, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Arthur Allen			13b. MOTHER'S MAIDEN NAME Estella Heflin			14. NAME OF HUSBAND OR WIFE Mrs. Margaret Allen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret Allen, 4320 Cambridge					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute circulatory failure						INTERVAL BETWEEN ONSET AND DEATH 1/2 hr	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) generalized toxemia						1 day	
		DUE TO (c) lobar pneumonia						4 days	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Toxic degeneration of all organs						490X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>July 29, 1950</u> , to <u>July 30, 1950</u> , that I last saw the deceased alive on <u>July 29, 1950</u> , and that death occurred at <u>8 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE Donald J. Smith, M.D. (Degree or title)				23b. ADDRESS 5828 Grand Ave, KC, Mo			23c. DATE SIGNED 7/30/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8/2/50		24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			
DATE REC'D BY LOCAL REG. 7-31-50		REGISTRAR'S SIGNATURE Geraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE Quirk & Tobin		ADDRESS 20 W. Linwood		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Forrest D. Coldsmow*

Signed
Student Embalmer

Licensed Embalmer No. *4714*

P. O. Address *S. 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 this body is not embalmed, fact should be so stated above.