

FILED MAR 27 1951

STANDARD CERTIFICATE OF DEATH

State File No. 8958

0480

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

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5568</u>		Registrar's No. <u>94</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sugar Creek Blue</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sugar Creek</u>		d. STREET ADDRESS (If rural, give location) <u>11208 Felton</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 11208 Felton</u>				d. STREET ADDRESS (If rural, give location) <u>11208 Felton</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Isaac</u> b. (Middle) <u>M</u> c. (Last) <u>Allsworth</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 9, 1951</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced 5</u>		8. DATE OF BIRTH <u>Feb. 15, 1870</u>		
9. AGE (In years, last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>buildings</u>		11. BIRTHPLACE (State or foreign country) <u>Greensburg, Penna. /</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>buildings</u>		11. BIRTHPLACE (State or foreign country) <u>Greensburg, Penna. /</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John Allsworth</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Bier</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-12-9441</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. John Allsworth Independence, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Atrial Fibrillation</u> DUE TO (c) <u>Cystitis, Pyelitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ch. Hypertrophy, Prostate Gland</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>2 months</u> <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>6000</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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>Mar 7, 1949</u> to <u>Mar 9, 1951</u> , that I last saw the deceased alive on <u>Mar 9, 1951</u> , and that death occurred at <u>10:10 P.M.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Fred W. Quip, M.D.</u>				23b. ADDRESS <u>Kansas City, Mo.</u>		23c. DATE SIGNED <u>3/12/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3/12/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Mem. Kansas City, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Mar 11-1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		554 FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Independence, Mo.</u>		

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
Student Embalmer

Signed *Harold E. Koadel*

Licensed Embalmer No. *4609*

P. O. Address *Independence, 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.