

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12439

1473

BIRTH NO. 13956-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mission</u>	
c. LENGTH OF STAY (in this place) <u>23 days</u>		d. STREET ADDRESS (If rural, give location) <u>5514 W 62nd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lana</u> b. (Middle) <u>Jean</u> c. (Last) <u>Allard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 5 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u>	
8. DATE OF BIRTH <u>March 12 1951</u>		9. AGE (In years last birthday) <u>23</u>		IF UNDER 1 YEAR Months <u>23</u> IF UNDER 11 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Dee W Allard</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Stewart</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dee W. Allard</u> ADDRESS <u>5514 W 62nd Mission Kans</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infective cerebro-spinal meningitis</u>		DUPLICATE			<u>10 days</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			<u>congenital</u>
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			<u>751X</u>
		DUE TO (b) <u>Spina-bifida</u>			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 3/12, 1951, to 4/5, 1951, that I last saw the deceased alive on 4/4, 1951, and that death occurred at 7 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Edwin Henry Schorer</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>5114 W 47 Kansas City, Mo</u>		23c. DATE SIGNED <u>4/5-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>4-5-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch</u>	
24d. LOCATION (City, town, or county) (State) <u>Overland Park Kansas</u>					

DATE REC'D BY LOCAL REG. <u>4-5-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur H. Roney</u> ADDRESS <u>Overland Park Kansas</u>	
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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.....
Student Embalmer

Signed *J. R. Rogers*
Licensed Embalmer No. *3529*

P. O. Address *Overland Park 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.